UNITED
NATIONS

E

Economic and Social Council

Distr.
GENERAL

E/1995/71
19 May 1995

ORIGINAL: ENGLISH

Substantive session of 1995
Geneva, 26 June-28 July 1995
Item 6 (l) of the provisional agenda*

ECONOMIC AND ENVIRONMENTAL QUESTIONS: REPORTS OF SUBSIDIARY BODIES, CONFERENCES AND RELATED QUESTIONS: PREVENTION AND CONTROL OF ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

Joint and Co-Sponsored United Nations Programme on HIV/AIDS

Note by the Secretary-General

The Secretary-General has the honour to transmit to the Economic and Social Council the report of the Joint and Co-Sponsored United Nations Programme on HIV/AIDS, submitted pursuant to Economic and Social Council decision 1995/222 of 5 May 1995.

* E/1995/100.

95-11285 (E) 300595 010695

/...

REPORT OF THE COMMITTEE OF CO-SPONSORING ORGANIZATIONS OF THE JOINT AND CO-SPONSORED UNITED NATIONS PROGRAMME ON HIV/AIDS

CONTENTS

		Paragraphs	Page
I.	THE HIV/AIDS EPIDEMIC: THE SECOND DECADE	1 - 21	6
II.	BACKGROUND TO THE ESTABLISHMENT OF THE JOINT PROGRAMME	22 - 28	10
III.	MISSION, PRIORITIES AND STRATEGIES	29 - 46	11
IV.	THE PROGRAMME AND ITS FUNCTIONS	47 - 89	15
	A. Overview	47 - 49	15
	B. Global level	50 - 64	16
	C. Intercountry level	65 - 72	19
	D. Country level	73 - 89	21
V.	TERMS AND CONDITIONS OF CO-OWNERSHIP AND CO-SPONSORSHIP	90 - 98	24
VI.	GOVERNANCE AND MANAGEMENT	99 - 110	27
VII.	RESOURCE MOBILIZATION AND MANAGEMENT	111 - 118	29
	A. Country level	111 - 112	29
	B. Global level	113 - 116	29
	C. Funding opportunities for potential donors	117 - 118	30
VIII.	OUTLINE OF A PROPOSED PROGRAMME BUDGET FOR 1996-1997	119 - 135	31

Annexes

I.	Country assessment visits	36
II.	Legal instrument for the Joint Programme	38
III.	Mandate and activities of the co-sponsoring organizations in relation to HIV/AIDS	39
	A. United Nations Development Programme (UNDP)	39
	B. United Nations Children's Fund (UNICEF)	42
	C. United Nations Population Fund (UNFPA)	47

CONTENTS (continued)

		Page
D.	World Health Organization (WHO)	49
E.	United Nations Educational, Scientific and Cultural Organization (UNESCO)	55
F.	World Bank	57

EXECUTIVE SUMMARY

The HIV/AIDS epidemic is now in its second decade, and a great deal has been learnt about how to prevent its further spread and to care for those affected. However, only a special United Nations system programme can orchestrate the global response to this fast-growing epidemic whose roots and ramifications extend into virtually all aspects of society.

As described in this report, the Joint and Co-Sponsored Programme on HIV/AIDS will bring together the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the World Health Organization (WHO), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Bank into a single effort dedicated to preventing the transmission of HIV, reducing the suffering caused by HIV and AIDS, making the broader "environment" conducive to prevention and supportive of people with HIV/AIDS, and cushioning the harsh impact of the epidemic on individuals, communities and societies.

Drawing on the experience and expertise of the six co-sponsors, and building on the lessons learnt since 1981 in dealing with the epidemic, the Joint Programme will address the major strategic and policy issues of HIV/AIDS, advocate and catalyse a strong global response to the epidemic, ensure coordinated support by the co-sponsoring organizations to national AIDS programmes, and promote and support research of relevance to the developing countries. It will act in partnership with other United Nations agencies, bilateral organizations, community-based groups, non-governmental organizations, the private sector and academic institutions, and will involve people with HIV infection and AIDS in all areas of its work.

At global level the Joint Programme will consist of staff representing a "critical mass" of expertise, and of global-level activities in the areas of advocacy, strategic and policy guidance, research, support to country-level coordination, technical support to national AIDS programmes, and monitoring of the epidemic and of national and international responses to it. At country level, where the Joint Programme's mandate is to strengthen national capacity to respond to HIV/AIDS, the Joint Programme will work primarily through the Theme Group on HIV/AIDS established by the Resident Coordinator. Country staff members will be stationed in selected countries to assist the Theme Group chairperson in ensuring coordinated United Nations system support to the national AIDS programme. The Joint Programme will, in addition, provide technical support to national AIDS programmes in the form of staff assignments or consultancies, funds for the "core needs" of the national programme (in selected countries), and funds for intercountry projects.

The Joint Programme is part of a much broader United Nations system effort comprising, inter alia, the Resident Coordinator and Theme Group system, the co-sponsors' activities at country and intercountry levels, and the HIV/AIDS-related activities undertaken by other organizations of the United Nations system. An important aspect of this broader effort is the "mainstreaming" capacity that the six co-sponsors will retain within their respective organizations. Each co-sponsor will ensure that the policies developed by the

Joint Programme become part of the mainstream activities at country level, will integrate HIV/AIDS-related issues into all relevant programme activities of the organization, and will see to it that the experience thus gained is fed back into the Joint Programme.

The Joint Programme's budget will include the resources to be used at global level as well as those to support country or intercountry activities. At country level, funding for HIV/AIDS-related activities of the United Nations system in support of national AIDS programmes will come from the co-sponsors, other United Nations system organizations, as well as from the budget of the Joint Programme. Resources for the Joint Programme's budget will be mobilized through a global appeal.

A legal instrument setting out the conditions of co-ownership and co-sponsorship of the Joint Programme, its collaborating parties and resources, the functions and composition of its governing bodies, and its financial arrangements, will be drafted by the co-sponsoring organizations. This will be complemented by a Memorandum of Understanding between the Joint Programme and WHO, which is responsible for the administration in support of the Joint Programme.

I. THE HIV/AIDS EPIDEMIC: THE SECOND DECADE

1. The world-wide epidemic of AIDS - a fatal syndrome caused by the human immunodeficiency virus (HIV) - is one of the major tragedies of our time. Now in its second decade, the HIV epidemic continues to grow, invisibly, at a rate of over 6,000 new infections every day, and the resulting sickness and death from AIDS continue to wreak unprecedented havoc among individuals, families and societies. No country will be able to insulate itself from the shock waves of HIV/AIDS.

The impact of AIDS

2. One of the world-wide constants of the AIDS epidemic is the suffering it entails. Much of it is needless. Because HIV can spread through sexual and drug-injecting behaviours that society condemns, people with AIDS are often shunned and stigmatized. And although the virus is not transmitted through everyday social contact, HIV-infected people are wrongly feared as a source of contagion. Instead of compassion and support, therefore, people with AIDS often encounter painful rejection.

3. This emotional pain comes on top of the physical suffering caused by AIDS, a condition for which there is no cure. HIV slowly destroys the individual's immune defences against other diseases, including some cancers, tuberculosis and infectious germs that healthy people are able to fight off with ease. In practice, this means gradual if unpredictable deterioration marked by bouts of illness of increasing severity and indignity - persistent diarrhoea, fever and night sweats, painful lesions of the mouth and oesophagus that make eating and even swallowing difficult, incessant itching, wasting, dementia. Modern medicines can help palliate the pain and discomfort, but even simple drugs are unavailable in many developing country communities. The statistic to bear in mind here is that by the year 2000 the developing countries will account for over 90 per cent of all people with HIV infection.

4. To date, more than 4.5 million men, women and children have endured this suffering. But people with AIDS are merely the visible part of the global epidemic. AIDS takes years - up to a decade, or even longer - to develop following initial infection with HIV. The World Health Organization estimates that a further 14 million adolescents and adults, plus about half a million children, are living with HIV infection but have yet to progress to the stage of severe disease we call AIDS. Most of them look and feel healthy, and are unaware of being infected. (The prolonged invisibility of HIV infection makes it easy to ignore and helps the epidemic to spread unchecked.) And by the year 2000, the cumulative total of infected individuals is conservatively expected to reach 30 to 40 million.

5. Yet the importance of the HIV/AIDS epidemic cannot be measured solely against the yardstick of the number of infected or ill individuals, as enormous as that number is. Because AIDS is primarily a sexually transmitted disease (STD), it tends to strike not those who are traditionally susceptible to infectious diseases - the very young and the very old - but rather adolescents,

young adults and those in early middle age, the very people on whom society relies for production and reproduction.

6. These are the men and women who raise the young and care for the old. As they die of AIDS, their elderly relatives are left without support and their children become orphans - by the year 2000, as many as 5 to 10 million children may have lost their mother or both parents to AIDS.

7. They are also the ones who grow the crops, work in the mines and factories, run the schools and hospitals, even govern the country. Largely because of the lost productivity of this key demographic group, Thailand, for example, has estimated that the AIDS epidemic will cost its economy close to US$ 11 billion by the year 2000.

8. Thus for every person with AIDS, countless more people are drawn into the circle of destruction - in the family, community or society. In hard-hit places, the very fabric of society is torn apart. Hard-won gains in child survival are being erased. In short, for countries that are not yet industrialized, or in the process of industrializing, AIDS threatens development itself.

What drives the spread of HIV?

9. HIV can be transmitted through sexual intercourse from man to woman or woman to man (heterosexual transmission) or from man to man (homosexual transmission). World wide, most infections are transmitted heterosexually, though sex between men continues to be a major route of HIV spread. Like other STDs, HIV can also spread through blood. In some places in both developed and developing countries, drug users who share their injection equipment are those with the highest HIV rates. Finally, as with syphilis, the virus can spread from an infected woman to her foetus or newborn infant, and this becomes a dramatic problem wherever heterosexual transmission predominates and many women are infected. (World wide, the cumulative number of infected women is expected to reach some 15 million by the year 2000.) So far, sub-Saharan Africa holds the greatest share of these infected infants, who generally fall sick and die before the age of 5.

10. But while the biological facts of transmission are straightforward, they are only part of the story, because HIV does not spread at random. People's sexual and drug-related behaviour occurs not in a vacuum but in a context which may make it easy, difficult or frankly impossible to be safe from the virus. Wherever this "environment" is not conducive to safe behaviour, for example, in poor or marginalized communities, the virus is free to spread.

11. For example, a woman who has little or no voice in sexual decision-making is vulnerable to HIV because she can neither insist on mutual fidelity nor readily negotiate condom use. Men and women pushed into prostitution by poverty can do nothing to protect themselves from the virus unless their clients agree to use condoms - assuming these are available and affordable. Another example of a vulnerable population is migrants divided from their families, who often seek new sex partners and even long-standing relationships. Those who are unfamiliar with the language of their new community are at the further

disadvantage of not understanding local AIDS information campaigns, or being less able to negotiate condom use for sex. An illegal immigrant hiding from the authorities may not dare seek medical care, thus putting himself at greater risk of HIV infection if he should develop syphilis or gonorrhoea. (HIV spreads more readily in the presence of an untreated STD.) Gay men living in a community where their sexual orientation is stigmatized may have no access to life-saving information about safer sex. Finally, discrimination and stigma directed against people with HIV infection fosters the spread of the virus - for example, by making it difficult for individuals who know they are infected to acknowledge this and ensure that others are protected.

12. Conversely, in communities where the human rights of men and women are respected, including rights relating to information, education and employment, people are in a stronger position to protect themselves and others from HIV.

13. These factors help explain why HIV/AIDS is not a single global epidemic but the sum of multiple epidemics, each driven by its own set of social factors and characterized by its own transmission dynamics. Thus, the industrialized countries thus far have had over 1.5 million HIV-infected adolescents and adults. Where HIV is a more recent arrival there have obviously been fewer infections - e.g. more than 100,000 in North Africa and the Middle East and over 50,000 in Eastern Europe and Central Asia - but the potential for rapid spread exists. Sub-Saharan Africa has by far the largest number of people with HIV - 11 million - and epidemic spread continues. But the region where HIV is spreading fastest is South and South-East Asia, with 3 million infected adults - double the estimated number in mid-1993.

14. Within regions, however, and even within countries, the HIV/AIDS picture is marked by diversity. Transmission through shared drug injection equipment may predominate in one city, while in another city 100 kilometres away HIV rates may be far lower because the drug users are subjected to less harassment and even provided with sterile needles and syringes. Still elsewhere, sex workers may be getting infected by their clients, and in turn transmitting the virus to yet other customers through unprotected intercourse. Where epidemics are long established, numerous people will be acquiring infection not by injecting drugs or having unprotected sex with many partners, but through the behaviour of their sex partner. In some mature epidemics, for example, most of the women infected with HIV are monogamous wives.

Lessons learnt

15. The major lesson learnt since AIDS was first described, in 1981, is that HIV and AIDS are now part of the human condition - a tragic part that the world must challenge even as it comes to terms with it.

16. The initial success of the scientific community in identifying the causal virus of AIDS and determining its routes of transmission led to high expectations that the epidemic would soon be curbed. This optimism was unwarranted, for both a vaccine and a cure remain elusive and the control methods available are imperfect. With no vaccine to protect the uninfected - and none expected to be available for large-scale use this century - some HIV

spread is bound to continue. And, with no cure on the horizon, millions of people already infected will progress to AIDS.

17. Unlike, say, smallpox, the epidemic today is simply not amenable to biomedical control. But if there is no simple technical solution to HIV/AIDS, neither is there a simple non-technical solution. For example, the injunction to "just say no" has, unsurprisingly, been no more successful in curbing AIDS than the earlier epidemics of syphilis, gonorrhoea and heroin use. In any case, given the multiplicity of HIV epidemics, there can be no single approach to control.

18. This being said, the second major lesson of the past 14 years is that AIDS prevention is feasible. There have been demonstrably successful programmes, and we now understand a great deal about the reasons for their success. To begin with, the successful programmes have been small-scale ones with a good infrastructure and a specially strong community base. Indeed, many owe their success to community-based and non-governmental organizations. Then, the effective programmes have combined several approaches to prevention - such as condom promotion, AIDS information through the mass media, and STD control - rather than relying on one approach in isolation. Just as important, none of the effective programmes has made the assumption that "just saying no" is adequate. Instead, they have attempted to create a supportive environment in which people are motivated and enabled to engage in safe behaviour.

19. However, we have also learnt that prevention has had an inadequate impact at country level - again, largely for socio-economic and political reasons. Despite the demonstration that the environment needs to be made conducive to safe behaviour, this lesson has often been ignored - partly, in all fairness, because of the difficulty of reshaping societal forces and structures. An even more fundamental problem is the quasi-universal tendency to deny the danger of AIDS and wish away the "invisible" HIV epidemic. (The epidemic is especially invisible when infected people remain hidden for fear of stigma and rejection.) This denial continues to be a powerful deterrent to political commitment. And without such commitment, large-scale AIDS prevention programmes receive neither the financing they need nor the political endorsement required for explicit communication about AIDS.

The need for a joint and co-sponsored programme on HIV/AIDS

20. Because of its urgency and magnitude, because of its complex socio-economic and cultural roots, because of the denial and complacency still surrounding HIV and the hidden or taboo behaviours through which it spreads, because of the discrimination and human rights violations faced by the people affected, the HIV/AIDS epidemic - more than any other health problem - calls for a special global programme. Inevitably, many different sectors are affected by the epidemic, given its selective impact on the most productive age group in society, and its destructive ripple effects on families, communities and economies. A joint United Nations system programme drawing on the experience of many organizations with expertise in many disciplines and sectors can catalyse the involvement of all these sectors in cushioning the impact of AIDS on individuals and society. A similarly broad array of actors and organizations must be engaged in the complex work of AIDS prevention and care, given the

imperfect tools at our disposal and the powerful societal forces driving the spread of HIV.

21. In short, only a special United Nations system programme is capable of orchestrating a global response to a fast-growing epidemic of a feared and stigmatized disease whose roots and ramifications extend into virtually all aspects of society.

II. BACKGROUND TO THE ESTABLISHMENT OF THE JOINT PROGRAMME

22. On 14 May 1993, the World Health Assembly adopted resolution WHA46.37, requesting the Director-General of the World Health Organization (WHO) to study the feasibility and practicability of establishing a joint and co-sponsored United Nations programme on HIV/AIDS, 1/ in close consultation with the executive heads of the United Nations Development Programme (UNDP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), and the World Bank; and in collaboration with other appropriate international organizations, non-governmental organizations and Member States. On 29 July 1993, the Economic and Social Council (ECOSOC) adopted resolution 1993/51 on the coordination of United Nations activities related to HIV/AIDS. The Council emphasized its full support for resolution WHA46.37 and called upon UNDP, UNESCO, UNFPA, UNICEF and the World Bank to cooperate fully in the consultative process for the establishment of the Joint Programme.

23. Pursuant to resolution WHA46.37, an inter-agency working group, comprised of representatives of each of the six United Nations system organizations, was created and held several meetings to carry out the requested study and develop options for the proposed Joint Programme. The study report was presented to the WHO Executive Board in January 1994, which recommended the establishment of the Joint Programme. Subsequently, at their 1994 sessions, the respective governing bodies of UNDP, UNESCO, UNFPA and UNICEF endorsed the establishment of such a programme and encouraged these agencies to continue their participation in the negotiation process. The World Bank also will co-sponsor the Joint Programme.

24. At its substantive session of 1994, the Council adopted on 20 July resolution 1994/24 on the coordination of United Nations activities related to HIV/AIDS, endorsing the establishment of the Joint Programme, which was to become operational no later than 1 January 1996, and outlining some basic features of the programme. Progress made towards implementation of the Joint Programme was to be reviewed at a special meeting of the Council, to be held no later than April 1995.

25. As called for in paragraph 4 of Council resolution 1994/24, the six co-sponsors transformed the Inter-agency Working Group into the Committee of Co-Sponsoring Organizations, charged with interim responsibility for overseeing the transition to full implementation of the Joint Programme and with the task of establishing a transition team. The Committee, which met for the first time

---

1/ Hereafter, will be referred to as the Joint Programme.

on 22 September 1994, decided that the six co-sponsors would assign staff for the transition team as soon as possible, with WHO providing accommodation and administrative support. It also agreed that the director of the Joint Programme would assume responsibility for the transition process as soon as he or she was designated by the Secretary-General.

26. Following an open and wide-ranging search process, including consultation with Governments and other concerned parties, the six co-sponsors unanimously agreed on a nominee for the directorship at the second meeting of the Committee on 12 December 1992. They submitted their nominee, Dr. Peter Piot, to the Secretary-General, who announced the same day his decision to appoint Dr. Piot director of the Joint Programme.

27. On 25 October the transition team, composed of at least one representative of each of the co-sponsors, began carrying out the functions defined in operative paragraph 9 of resolution 1994/24, to formulate proposals for consideration of the Committee. Two technical and working-level meetings were convened by the President of ECOSOC on 22 November and 14 December 1994 with some transition team members as well as other representatives of the co-sponsoring organizations 2/ for an informal exchange of views on the development of the Joint Programme.

28. The present report constitutes the Committee's proposals concerning the Joint Programme. It is expected that a series of consultations and field visits will be conducted subsequently to further develop the Joint Programme's strategies and priorities and to test the feasibility of the proposed structures and processes. These consultations will involve discussions with a broad range of partners working in HIV/AIDS, including field staff of the United Nations system, representatives of developing and donor Governments (the latter at field level), non-governmental organizations the private sector, and groups of people affected by the HIV/AIDS epidemic.

III. MISSION, PRIORITIES AND STRATEGIES

Mission statement

29. The Joint Programme is dedicated to preventing the transmission of HIV, reducing the suffering caused by HIV and AIDS, and countering the impact of the pandemic on individuals, communities and societies.

30. In furtherance of this purpose, six organizations of the United Nations system have joined forces, drawing on their respective experience and expertise. Their Joint Programme will serve as a catalyst in the world's response to HIV/AIDS - within countries, between countries, and globally.

31. Specifically, the Joint Programme will:

2/ Also referred to in this document as co-sponsors.

- Promote a strong, effective and comprehensive world-wide response to the HIV/AIDS pandemic, including the allocation of adequate resources;

- Promote and support ethical and non-discriminatory responses to HIV/AIDS;

- Strengthen the capacity of national Governments, particularly in the world's poorest countries, to develop comprehensive national strategies and implement effective HIV/AIDS activities;

- Provide policy, strategic and technical guidance on HIV/AIDS to the world community;

- Promote broad-based political and social mobilization to respond to HIV/AIDS, ensuring that a wide range of sectors and institutions are mobilized;

- Promote, direct and support research on potentially effective approaches and interventions, including the development of appropriate technology;

- Monitor the HIV/AIDS pandemic as well as national and global responses to it.

32. In pursuing these objectives, the Joint Programme will actively involve other United Nations system organizations and collaborate closely with national Governments, intergovernmental organizations, and non-governmental organizations, community-based organizations and groups of people living with HIV and AIDS. 3/

Goals

33. The Joint Programme will define a limited number of clear goals around which the world can mobilize as it both challenges and comes to terms with HIV/AIDS. The goals will cover the following areas:

(a) Prevention of HIV infection;

(b) Care and support for infected/affected individuals;

(c) Creation of a supportive, enabling "environment" for prevention, care and support;

(d) Reduction of the social and economic impact of HIV/AIDS on communities.

3/ Hereafter, these three groups will be referred to collectively as NGO/CBO/PWHIV.

34. The global goals are intended to play a key role in mobilizing partners and resources world wide and in programming the response to the epidemic. They will be the focus of strong advocacy by the Joint Programme and its partners.

35. In addition, the Joint Programme will define measurable targets for its own action at global and country level.

36. Finally, through the Theme Group mechanism (as described in paras. 79-85 below) the Joint Programme will provide encouragement and support to each country in establishing its own objectives and targets (for example, in terms of sexual behaviour change) as a function of its specific needs and environment.

Priorities and strategies

37. The Joint Programme's approach to prioritizing action and determining strategies will be guided by the key lessons learnt in the past 14 years about the nature of the HIV/AIDS epidemic (see also above, paras. 15-19) and the best ways of confronting it. In summary, these are as follows:

- The global HIV/AIDS epidemic is the sum of multiple epidemics, each characterized by its own transmission patterns and driven by its own set of societal forces (e.g. stigmatization, sexual subordination, cultural reluctance to discuss sexuality, economic factors resulting in divided families).

- Hence each epidemic must be tackled with locally appropriate prevention and care interventions, carefully tailored to the situation.

- HIV-specific measures (e.g. condom promotion, STD control) must go hand in hand with efforts to circumvent or diminish the force of adverse socio-economic and cultural factors in the environment. At the same time, the environment itself is a prime target for action, with the goal of making it as supportive as possible of people living with HIV and AIDS and as conducive as possible to safe sexual and drug-related behaviour.

- It will take increasing determination and effort to tackle the epidemic as the locus shifts to the less developed countries and, within industrialized nations, to marginalized populations; and as the impact of AIDS affects more and more areas of life and sectors of society. Similar persistence will be required to combat the stigma attached to HIV/AIDS and the complacency and denial surrounding it.

38. In the light of this understanding, the Joint Programme will promote a range of multisectoral approaches and interventions aimed at both HIV-specific prevention and care and the broader environment. Priority will be given to interventions which strengthen the capacity of individuals and communities to confront HIV/AIDS - particularly those who are most vulnerable to infection with HIV and/or have an increased likelihood of suffering needless consequences of HIV infection and AIDS.

39. The prevention and care of the conventional sexually transmitted diseases will be part of the Joint Programme's HIV-specific strategies because of their important biological and other links with HIV/AIDS. Not only do untreated STDs facilitate HIV transmission, but their prevention relies on the same methods and is aimed at the same target audience. In addition, the conventional STDs are an important cause of acute and chronic ill health, especially for women.

40. When it comes to tackling the broader environment of HIV/AIDS prevention, care and support, and reducing the impact of AIDS on communities, the Joint Programme's main strategy will be to make AIDS-related issues an integral part of various national agendas. Examples are the integration of HIV/AIDS concerns and requirements into the national health agenda (e.g. health services for care of AIDS patients, reproductive health and STD services), the media agenda (e.g. communication about safer behaviour, fostering understanding and empathy for people living with HIV/AIDS), the education agenda (e.g. life skills education at school, as well as education for youth not attending school), the development agenda (e.g. economic development policies that keep families together), the human rights agenda (e.g. legislation to protect HIV-infected individuals from discrimination), and the gender equity agenda (e.g. raising women's educational, social and health status, amending discriminatory inheritance laws). The co-sponsors will need to play a major role in achieving these goals.

41. In striving towards these goals, the Joint Programme and its partners will be able to rely on existing instruments on which broad international agreement has already been reached. These include the International Covenant on Economic, Social and Cultural Rights (1976), the International Covenant on Civil and Political Rights (1976), the Convention on the Elimination of All Forms of Discrimination against Women (1981), the Convention on the Rights of the Child (1990), the Programme of Action of the United Nations International Conference on Population and Development (1994), and the Declaration of the Paris AIDS Summit (1994).

42. Feeding into both HIV-specific and environmental strategies will be research and technology development. In view of the considerable efforts under way in other institutions, the Joint Programme will give priority to research that is of relevance to developing countries, and is likely to benefit them and strengthen their research capacity. The Joint Programme will also be looking to foster research which builds on the valuable theoretical or technological advances made by academic institutions and industry and which generates information or technology that is of immediate practical applicability.

43. These goals, targets, priorities and strategies will need to be refined into a formal strategic plan for the Joint Programme. The plan, based on the mission statement (see above, paras. 29-32), will be developed in broad consultation with all partners including the six co-sponsors, people living with HIV/AIDS, those working on AIDS prevention and care, NGO representatives, and government agencies. The process will begin in the first quarter of 1995, and lead to a detailed workplan and budget for the Joint Programme.

44. The main focus of the Joint Programme will be on promoting and supporting appropriate principles, strategies and interventions for use at country level.

45. There are a number of strategic principles that are basically the same world wide - many of them are enshrined in the conventions and covenants mentioned above in paragraph 41. Among them are: the imperative to fight denial and promote political commitment to challenging AIDS, the empowerment of women, recognition of the specific needs of vulnerable groups, and the participation of those affected as well as community groups in confronting the epidemic. Similarly universal HIV-specific strategies include education for young people (who are universally a vulnerable population), communication for safer sexual behaviour, condom availability, effective, non-stigmatizing STD care, blood safety, and equitable access to care for those with HIV/AIDS. In line with the lessons learnt, all countries need to work towards a supportive, enabling environment, and to counter violations of the human rights of people with HIV/AIDS and those close to them.

46. This being said, it cannot be overemphasized that there can be no universally valid blueprint for tackling HIV/AIDS. Each country will need to select, from the range offered, a "package" of strategies, interventions and activities that is best suited to its local context, and then tailor the approaches to the needs of individuals and communities. A planning instrument by means of which needs can be prioritized and a package of strategies, interventions and activities selected, will be developed for the use of countries, co-sponsors and other partners through a broad consultative process during 1995.

IV. THE PROGRAMME AND ITS FUNCTIONS

A. Overview

47. The Joint Programme represents a single global effort within the United Nations system to address the major strategic and policy issues of HIV/AIDS, to advocate a strong global response to HIV/AIDS, to ensure coordinated support by the co-sponsoring organizations to national AIDS programmes and to promote and support research on HIV/AIDS.

48. At the global level, the Joint Programme consists of staff located at the "headquarters" of the Joint Programme and of global-level activities undertaken or supported by it in the areas of advocacy, strategic and policy guidance, research, support to country-level coordination, technical support to NAPs and monitoring of the epidemic and of national and international responses to it. The "critical mass" of HIV/AIDS expertise to be found in the Joint Programme's staff will be complemented by the expertise available in the co-sponsoring organizations. The relationship between the co-sponsors and the Joint Programme is explained in detail in paragraphs 96-98 below.

49. At the country level, where the Joint Programme's mandate is to strengthen national capacity to respond to the epidemic, the Joint Programme consists of the following elements: a country staff member of the Joint Programme (in selected countries) assigned to assist the Theme Group chairperson in ensuring coordinated United Nations system support to the NAP; technical support to the NAP in the form of short-term technical cooperation or assignment of technical staff from the Joint Programme; funds for operating costs of the country staff

member and/or the Theme Group where needed and funds for "core needs" of the NAP (in selected countries); and funds for intercountry projects, including those co-funded with co-sponsoring organizations.

B. Global level

50. In accordance with the mission statement (paras. 29-32 above), the Joint Programme will be inclusive in scope, addressing the broad areas of prevention of HIV infection, care and support for HIV-affected individuals and the immediate and long-term impact of HIV/AIDS on individuals, communities and societies. Through mechanisms and expertise that cut across its organizational structure, the Joint Programme will ensure that all main issues of relevance to specific population groups (such as women, children and youth, sex workers and migrants) are addressed.

51. The core staff of the Joint Programme will have technical HIV/AIDS expertise in such key areas as planning, management, monitoring, evaluation and training and in disciplines such as communications, social science and medicine. To complement this expertise, the Joint Programme will draw upon outside experts, including those within co-sponsoring organizations, and contract with institutions. As needed, it will convene ad hoc meetings of outside experts to provide advice to the Joint Programme, including advice on policy and strategic issues; and establish advisory groups, for example, to provide advice on the Joint Programme's research agenda or to review research protocols.

52. The Joint Programme will develop linkages and work closely with other partners, including other United Nations system organizations, other intergovernmental organizations, national Governments, intergovernmental organizations, NGO/CBO/PWHIV, bilateral agencies, the private sector and academic/teaching institutions. It will fully involve HIV-affected individuals and groups in its work.

53. The Joint Programme will have as a main objective strengthening the capacity of national Governments to develop comprehensive national strategies and implement effective HIV/AIDS activities. It will serve as a mechanism for joint planning and implementation of United Nations system support to national AIDS programmes (NAPs) 4/ and as a catalyst for coordinated support by other partners. As a truly Joint Programme, drawing upon the expertise and capacity of the co-sponsors, it will be the source of policy and strategic guidance on HIV/AIDS within the United Nations system.

54. The Joint Programme will have two main global-level functions.

(i) The Joint Programme will strongly advocate a forceful, effective and comprehensive global response to HIV/AIDS; will provide strategic and

---

4/ A national AIDS programme is here defined as the entirety of actions and activities being undertaken in the context of HIV/AIDS within the country, implemented either by the national Government or by other bodies, in association with different sectors of the national Government.

policy guidance; and will promote and support research on effective approaches and interventions, in all aspects of HIV/AIDS.

(ii) The Joint Programme will seek to ensure the coordination of the co-sponsors at country level; will provide technical and managerial support to NAPs; will monitor the pandemic and national and global responses to it; and will maintain a strong link between country-level activities of the co-sponsors and those of other partners, and with the Joint Programme's global/intercountry activities.

Advocacy

55. The Joint Programme will conduct advocacy - in partnership with all those engaged against HIV/AIDS, including Governments and NGO/CBO/PWHIV - to promote a strong, effective and comprehensive global response to the pandemic, including the mobilization of political commitment and the allocation of sufficient resources. The global response promoted will be both ethically and technically sound.

- It will work with the media on key HIV/AIDS issues, participate in international conferences and other public forums and organize and/or co-sponsor special events (exhibits, World AIDS Day events, etc.).

- It will enlist the commitment of political, business, religious and other leaders and their open and active involvement in addressing HIV/AIDS at all levels.

- It will promote an active response of all United Nations system organizations to HIV/AIDS, especially at country level, in keeping with the mandate and comparative advantages of each organization.

Strategic and policy guidance

56. The Joint Programme will serve as the source of up-to-date information and guidance on key policy, strategy and technical issues on HIV/AIDS within the United Nations system.

- It will analyse, synthesize and widely disseminate technical information relevant to policy and strategic issues, along with the implications for HIV/AIDS programmes.

- It will develop policies and strategies on HIV/AIDS, drawing on expertise both within and outside the United Nations system as needed.

- It will promote the incorporation of those policies and strategies into the work of all United Nations system organizations, especially the co-sponsors.

Research

57. The Joint Programme will promote, guide and, as appropriate, support biomedical, economic, socio-behavioural and other research with a particular focus on the needs of developing countries.

- It will analyse, synthesize and disseminate research findings on HIV/AIDS, including their implications for HIV/AIDS programmes and policies.

- It will contract with appropriate research institutions to carry out its priority research projects.

58. The Joint Programme will promote and support technology development relevant to developing countries including, as appropriate, indigenous technology.

Coordination at country level

59. The Joint Programme will seek to ensure coordination among United Nations system organizations in their support to NAPs within the country Theme Group on HIV/AIDS (see paras. 79-85 below for description of the Theme Group mechanism), through joint planning and evaluation and, where appropriate, joint implementation of HIV/AIDS activities.

- In selected countries a country staff member of the Joint Programme will be assigned to assist the Theme Group in its role of planning, evaluation and coordination (see paras. 86-88 below).

60. The Joint Programme will also promote coordination among others providing support to NAPS, such as bilateral aid agencies, NGO/CBO/PWHIV and the private sector.

Technical support to NAPs

61. The Joint Programme will provide technical support to NAPs in a wide range of areas (including planning, implementation, evaluation, training and coordination) based on needs identified by the country Theme Group.

- It will undertake a variety of activities to enable it to provide the technical support needed by countries. These include reviews of information available; pilot projects to assess recommended approaches; and meetings of country-based staff, including individuals from both government and non-governmental organizations, to share experience and expertise.

- It will develop guides and other materials on issues of direct relevance to NAPs.

- It will provide support for the training needs of NAPs, including prototype materials and training workshops and courses.

- In selected countries, the Joint Programme will assign technical experts as consultants and/or staff members to provide technical support according to the needs of countries and the resources available to the Joint Programme (see para. 89 below).

Monitoring HIV/AIDS and national and global responses

62. The Joint Programme will monitor the response to HIV/AIDS in individual countries and at intercountry and global levels, including major unmet needs. The programme will distribute such information widely so as to discourage gaps and duplication of effort and promote a comprehensive, coordinated response.

- It will elicit information from country Theme Groups and other sources on key epidemiological data and the country-level response to HIV/AIDS, including major activities carried out by the NAP and its partners (such as NGO/CBO/PWHIV and bilateral agencies), and on external support to the NAP. This information will be shared through a database that will be made widely available.

63. Through a global surveillance system supplemented by specific "targeted" research as needed, the Joint Programme will monitor current trends in HIV/AIDS and its determinants and impact. In addition, it will apply reliable tools for forecasting trends in the pandemic and its determinants and impact.

Linkages between global and country levels

64. The country Theme Group on HIV/AIDS will serve as the main linkage between the Joint Programme at a global level and the NAP. At the global level, the Joint Programme will make the necessary provision to ensure direct two-way communication between the Theme Groups and staff and activities at global level.

- Although it is envisaged that the Joint Programme will support intercountry activities, it will not have an intermediate management structure between the global and country levels.

C. Intercountry level

65. The Joint Programme will have resources of its own to support HIV/AIDS-related activities which cut across national boundaries and which complement both global-level and country-level activities. It will welcome and seek out partners for such intercountry ventures and provide a forum for their planning and coordination.

66. The rationale for intercountry activities on HIV/AIDS is a strong one. Countries - especially those who share borders - are often linked by common features with a relevance to the epidemic, such as similar cultures, trade and commercial features, and social and economic development concerns. Thus, for example, sensitive issues involving legal and illegal migrants, who are often single men or women rather than families, must be part of a regional AIDS agenda. The potential spread of HIV through workers in transport, fishing or other sectors similarly needs to be addressed in a regional framework. Where

there are ethnic or cultural minorities with cultural and even family connections across country borders, cross-border and repatriation problems are usefully discussed in a regional forum that can help promote common regional perceptions and thus consistency in the region.

67. Another intercountry focus might be on linking institutions. The development and strengthening of collaborating centres, e.g. on drug use and treatment, could strengthen a region's capacity to meet its own needs for analysis and research. Better understanding of the social and economic issues related to HIV/AIDS is essential for developing new interventions and allocating resources efficiently. This argues for institution-based sharing of basic data in epidemiology, socio-economic and cultural issues, programme interventions and management practices.

68. An intercountry forum can also be the most appropriate one for comparing country experiences and sensitizing officials to policy and technical issues they have in common; for resource mobilization meetings bringing together recipient country officials and donor officials from central aid administrations; and for policy discussions between global-level staff of the Joint Programme, country-based staff and NAP managers.

69. The following are examples of areas of interest for intercountry projects and activities:

- strengthening policy analysis of common relevance
- promoting policy dialogue between countries
- identifying concerns and approaches of common interest
- promoting the exchange of knowledge and experience
- providing technical advisory services
- exploring new strategies and interventions that can subsequently be developed at country level

70. Paragraph 11 of the annex to Economic and Social Council resolution 1994/24 states that "while the programme will not have a uniform regional structure, it will support intercountry or regional activities that may be required in response to the pandemic, utilizing regional mechanisms of the co-sponsors where appropriate". The Joint Programme will thus make use of these mechanisms in situations where an intercountry approach would be optimal. In order to streamline and simplify operations, there will be no intermediate managerial level between the Joint Programme at global level and the country Theme Groups/ Resident Coordinator system.

71. Intercountry activities related to HIV/AIDS will be supported by individual co-sponsors, the Joint Programme or other donors, either singly or in combination. The co-sponsors' intercountry and regional structures will be expected to provide complementary technical support for such activities, as required by the Theme Groups or the director of the Joint Programme.

72. The director of the Joint Programme will further discuss operational arrangements for supporting intercountry activities with interested parties to explore ways of enhancing programme effectiveness and impact.

D. Country level

Functions and proposed operational framework

73. The major focus of the Joint Programme is on strengthening the national response to HIV/AIDS. Strong and effective national AIDS programmes are the key to curbing the epidemic both nationally and globally. Accordingly, the success of the Joint Programme hinges largely on how well it meets the needs of NAPs - how well it strengthens national capacity to respond to the epidemic and how well it works with Governments and other key partners in building up an effective and sustainable national AIDS programme.

74. The functions and proposed operational framework of the Joint Programme at country level build upon United Nations system coordination mechanisms already laid out in General Assembly resolutions 44/211 and 47/199. However, the functions of the Joint Programme at country level go well beyond coordination. The Joint Programme is first and foremost concerned with the national response to HIV/AIDS; coordination of United Nations support to the NAP is but one necessary component of an effective national response.

75. The framework below describing how the Joint Programme will operate at country level will be refined on the basis of a series of country visits planned by the director of the Joint Programme, and to include representatives of the co-sponsors, bilateral donors and NGOs (see annex I). These assessment visits will be used to determine how the Joint Programme can best serve the needs of countries, working with the Government and other partners and drawing upon the capacities and strengths of the six co-sponsors.

76. The mandate of the Joint Programme at the country level is:

- to strengthen the national capacity to plan, coordinate, implement, monitor and evaluate the overall response to HIV/AIDS by ensuring effective and coordinated support by the United Nations system to the national AIDS programme;

- to support the NAP directly by providing advice on technical and policy issues and through advocacy and fund-raising activities.

77. In pursuance of the above mandate, the co-sponsoring organizations will, in conformity with paragraph 10 of the annex to Economic and Social Council resolution 1994/24, "... incorporate the normative work undertaken at the global level on policy, strategy and technical matters into their HIV/AIDS activities ...". The provision of technical and financial assistance to the NAP will thereby be consistent with the policies and strategies of the Joint Programme. The co-sponsors will also use the Joint Programme as a primary source of HIV/AIDS technical support and advice in the execution of their agency activities at country level.

78. Arrangements for coordinating activities must complement those already instituted in other development sectors and be consonant with overall development planning. The effective functioning of these arrangements is predicated on the commitment of the co-sponsors to working together; fitting country activities to specific needs, while respecting the separate identities and mandates of organizations; and defining action within a framework of a division of labour on the basis of comparative advantage, avoiding additional institutional or bureaucratic layers.

79. As the representative of the Joint Programme at country level, the Resident Coordinator assumes overall responsibility for ensuring that United Nations system support to HIV/AIDS activities is effectively coordinated. He/she is responsible for mobilizing a cohesive and integrated approach, through application of the provisions of General Assembly resolution 47/199 to the HIV/AIDS area, including the country strategy note, the programme approach, the harmonization and adaptation of programme cycles, the decentralization of decision-making authority and the simplification and harmonization of formats, rules and procedures.

80. Pursuant to General Assembly resolution 47/199, the Resident Coordinator will establish a Theme Group on HIV/AIDS composed of the representatives of the co-sponsors and other United Nations system organizations as appropriate. In the interest of harmonization and coordination of projects and activities, representatives of the Government, as well as other international organizations or bodies, including donor or external support agencies and NGO/CBO/PWHIV, may be invited to participate in meetings of the Theme Group.

81. The Theme Group will be responsible for coordinating the activities of its members, pursuant to paragraph 15 of the annex to Economic and Social Council resolution 1994/24, according to which it will "... help the United Nations system integrate more effectively its efforts with national coordination mechanisms". In addition, whenever possible, the Theme Group will facilitate the coordination of other external support to the NAP. Such a coordinated and harmonized approach will contribute to a coherent and optimum support to the Government and NAP.

82. The chairperson of the Theme Group - a representative of one of the co-sponsors - will be selected and designated by the Resident Coordinator, after full consultation with the members of the Theme Group and in a spirit of consensus. In countries where there is no designated Resident Coordinator or where co-sponsors do not have a country representative, appropriate mechanisms to ensure consultation will have to be identified.

83. The Chairperson's authority is on the basis of delegation by the Resident Coordinator. The Chairperson will communicate directly with the director of the Joint Programme, while keeping the Resident Coordinator informed.

84. Functions of the Theme Groups and responsibilities of their staff will very much depend upon specific local situations with regard to, for example, contents and functioning of the NAP or of the programme activities of the co-sponsors, and the following paragraphs have to be read in this light and interpreted with

the necessary flexibility. The country visits will help determine whether the proposed arrangements are realistic and easily applicable.

85. In order to achieve the overall aim, which is to ensure that the co-sponsors' support to the NAP responds to national needs and is fully consonant with the national AIDS plan, the Theme Group has the following specific functions:

- to serve as a forum in which co-sponsors, other participating United Nations agencies and coopted development partners can jointly consult and collaborate on proposed activities and, as appropriate, institute joint programming;

- to strengthen the Government's capacity and support its efforts to monitor and coordinate the technical and financial support and activities of all external support agencies;

- to seek to ensure the appropriate use of policy and programme guidance received from the Joint Programme at global level;

- to monitor and report on the co-sponsors' (and, to the extent possible, other United Nations system organizations') HIV/AIDS-related activities, including all financial and technical contributions, according to a framework established by the Joint Programme at global level;

- to strengthen the interface between the United Nations system and national coordination mechanisms related to HIV/AIDS; and

- to facilitate the development of those aspects of the country strategy note that relate to HIV/AIDS and to ensure that each United Nations organization's programme is consistent with this.

Staffing

86. In a number of countries the chairperson of the Theme Group will be supported in carrying out his or her tasks by a staff member of the Joint Programme - the country staff member. In countries where full-time support for the chairperson is not needed, or a country staff member cannot be recruited for other reasons, appropriate alternative mechanisms will be proposed by the Theme Group chairperson, in consultation with the Resident Coordinator and other members of the Theme Group.

87. The decision whether to recruit a national or an international staff member for the specific country situation would be taken by the director of the Joint Programme, in close consultation with the chairperson of the Theme Group. If the preference is for a national professional, he or she would be selected by the Theme Group chairperson, subject to clearance by the Resident Coordinator and the director of the Joint Programme; in the case of internationally recruited staff, the director of the Joint Programme will make the selection in close consultation with the Resident Coordinator and the Theme Group chairperson. In either case, the country staff member will be appointed by the

director of the Joint Programme. The country staff member will report directly to the chairperson of the Theme Group, keeping the Resident Coordinator, as well as the director of the Joint Programme (his/her second-level supervisor), informed as appropriate. As a general principle, the country staff member will be based in the NAP.

88. The responsibilities of the Joint Programme country staff member will be:

- to provide the Government with support in the area of planning, management and evaluation of HIV/AIDS-related activities;

- to assist the Theme Group members and other partners in the effective and joint planning, implementation and evaluation of their support to the NAP;

- to facilitate technical support provided by the Joint Programme to the NAP;

- to assist the Resident Coordinator in incorporating HIV/AIDS-related issues in the country strategy note;

- to administer, under the final responsibility of the director of the Joint Programme, funds entrusted to the Theme Group by the Joint Programme;

- to administer, in a manner yet to be determined, funds entrusted to the Theme Group from other sources. 5/

89. Where technical assistance of a specific kind is needed, whether briefly or for an extended period, the Joint Programme will strive to meet the need either with experts from its own staff or by arranging for other external assistance. Requests for such assistance will be channelled through the Theme Group. At the country level the concerned expert or consultant will report to the chairperson of the Theme Group, keeping the director of the Joint Programme informed.

V. TERMS AND CONDITIONS OF CO-OWNERSHIP AND CO-SPONSORSHIP

90. The threats posed by the HIV/AIDS pandemic necessitate a comprehensive, multidimensional response at global and country levels. The broad purpose of the joint programme, as set out in its mission statement, is to contribute to this response in a coordinated, effective and accountable manner. That the joint programme is being established reflects a strong commitment to this objective on the part of every co-sponsoring organization, as well as their sense of joint responsibility.

91. This concept of joint commitment and joint responsibility is the principle that has guided the co-sponsoring organizations in developing the framework for the joint programme presented in this document. It underlies the proposals for

---

5/ A final decision on this issue has yet to be taken.

a unified structure for governance and management (sect. VI), a common approach to resource mobilization (sect. VII), a unified budget for global and intercountry activities (sect. VIII), and fully coordinated mechanisms at the country level (sect. IV, D).

92. First and foremost, the joint programme represents a commitment on the part of the co-sponsors to work together in responding to HIV/AIDS in a spirit of common purpose, that is, a commitment to support a mutually beneficial process. Specifically, each co-sponsor will:

- Support the joint programme through strong advocacy for its objectives, including resource mobilization;

- Participate on a basis of equality in the governance and guidance of the joint programme;

- Contribute financial and human resources in support of the joint programme;

- Contribute, from the vantage point of its own expertise and experience, to the joint programme's task of developing common policies, strategies and technical guidelines;

- Incorporate the HIV/AIDS-related policies, strategies and technical guidelines of the joint programme into the policy and strategy mainstream of its organization and reflect them in the activities specific to its own mandate;

- Support global and intercountry HIV/AIDS activities through the joint programme; and

- Ensure coordination by involving the Theme Group on HIV/AIDS from the outset in all its HIV/AIDS activities at the country level.

93. Each co-sponsor will maintain a "mainstreaming" capacity to provide the links between the joint programme and their own organization (at the country, intercountry and global levels). Staff members assigned this task will be the main catalytic element for helping their own organization to generate effective action in accordance with the joint policies developed through the joint programme. They will be entrusted with the task of integrating HIV/AIDS-related issues into all relevant programme activities of their own organization. They will also ensure that the insights, expertise and experience gained in their organization are shared with the joint programme, and contribute to its policy formulation process.

94. Each co-sponsor will need to determine the appropriate number and location of such staff members, according to its organizational structure and functions. Financial support for such staff will be the responsibility of the individual co-sponsor.

95. In order to establish a legal framework for their co-ownership of the joint programme, the co-sponsors will sign a legal instrument by 31 July 1995, so as to enable the joint programme to take full effect as from 1 January 1996.

Relationship between the co-sponsors and the joint programme: the "network"

96. The joint programme is not identical to the co-sponsors' global response to the HIV/AIDS pandemic (see annex 3); it is part of a much broader "network" of United Nations system activities. This network consists of:

- The joint programme;
- The "mainstreaming" capacity within each co-sponsor's organizational structure;
- The Resident Coordinators system with its Theme Groups on HIV/AIDS at country level;
- The co-sponsors' programme activities at country level;
- The co-sponsors' intercountry activities;
- The HIV/AIDS activities undertaken by other United Nations system organizations in such areas as humanitarian aid, assistance to refugees, peace-keeping and human rights;
- Activities undertaken by United Nations system organizations in cooperation with bilateral agencies.

97. This United Nations system network, in turn, functions as part of the world-wide response of Member States, non-governmental organizations, community-based organizations and groups of people living with AIDS: an informal global alliance bound by a common commitment.

98. The relationship between the joint programme and the network is therefore one of complementarity and synergy. This results in a process which promotes the exchange of information, build alliances between different organizations, and facilitates the creation of collaborative efforts and programmes which reinforce each other. In this process, the joint programme contributes its expertise on HIV/AIDS in a broad range of disciplines; the co-sponsors contribute their capacity to integrate this specialized expertise into their broader mandates and translate the outcome into effective programmes. The joint programme, in other words, can only be effective to the extent that the network as a whole functions effectively; each component of the network will need support if the joint programme is to reach its full potential.

VI. GOVERNANCE AND MANAGEMENT

Programme Coordinating Board

99. As specified in paragraph 16 of the annex to ECOSOC resolution 1994/24, the Programme Coordinating Board (PCB) shall serve as the governance structure for the joint programme. The PCB will have ultimate responsibility for all policy and budgetary matters of the joint programme, and will represent the interests and responsibilities of the Governments, co-sponsoring organizations and other interested parties of the joint programme.

100. As called for in operative paragraph 11 of ECOSOC resolution 1994/24, informal consultations are under way, organized by the President of ECOSOC, to decide on the specific composition of the PCB. Also under review are the PCB's meeting schedule, its rules or procedure, and the terms of appointment of its members.

101. The PCB will have the following broad functions:

- To review and decide upon the planning and execution of the joint programme. For this purpose it will be kept informed of all aspects of the development of the joint programme and consider reports and recommendations submitted to it by the joint programme director, the CCO, and any scientific and technical ad hoc advisory bodies of the joint programme established by the director.

- To review and approve the plan of action and budget for each financial period, prepared by the director and reviewed by the CCO.

- To review proposals of the joint programme director and approve arrangements for the financing of the joint programme.

- To review longer term plans of action and their financial implications.

- To review the annual financial statements submitted by the administering agency through the joint programme director and the audits thereof.

- To review periodic reports that will evaluate the progress of the joint programme towards the achievement of its goals.

102. Annual reports submitted to the PCB on the work of the joint programme will also be made available to the governing bodies of each of the co-sponsors and Economic and Social Council.

Committee of Co-sponsoring Organizations

103. For the joint programme to be effective in its mandate as a co-sponsored programme, it will require the full commitment and support of the co-sponsoring organizations. Their input on major decisions concerning the programme is essential, and their views may be sought on any matters brought by the joint

programme director to the PCB. The CCO shall provide guidance on the management, budget and operations of the joint programme, in accordance with the policies and substantive priorities established by the PCB. A balance is needed in which the co-sponsors are actively involved in major decisions, while recognizing fully the director's responsibility for management of the joint programme.

104. A Committee of Co-sponsoring Organizations (CCO) will serve as the forum for the co-sponsors to meet on a regular basis as a standing committee of the PCB, to consider matters of major importance to the joint programme. It will be comprised of one representative from each of the co-sponsors.

105. The functions of the CCO would be to:

- Review broad workplans and the proposed programme budget for each coming financial period, prepared by the joint programme and reviewed by such scientific and technical advisory bodies as may be established by the Director, in time for presentation to the annual meeting of the PCB;

- Review proposals to the PCB for the financing of the joint programme for the coming financial period;

- Review reports submitted by the programme director and by scientific and technical advisory bodies established by the Director, and to transmit these with comments as appropriate to the PCB;

- Make recommendations for approval on particular aspects of the joint programme specifically referred to it by the PCB;

- Review the activities of each co-sponsoring organization for appropriate support and consistency and coordination with the activities and strategies of the joint programme;

- Report to the PCB on the efforts of the co-sponsoring organizations to bring the joint programme's policy, strategic and technical guidance into the policy and strategy mainstream of their respective organizations and to reflect them in activities specific to their mandates; and take decisions, on behalf of the PCB, on issues referred to it for this purpose by the PCB;

- Prepare an annual report on its activities for the PCB.

106. Members of the CCO would have full rights of participation in the PCB without the right to vote.

Director

107. As specified in paragraph 16 of the annex to ECOSOC resolution 1994/24, the director of the joint programme is appointed by the Secretary-General, upon recommendation by the co-sponsors. The director provides leadership and guidance to the joint programme and is responsible for the management of the

joint programme, including the selection, appointment, promotion and termination of staff; the preparation of the budget and broad workplans; and the mobilization and management of the joint programme's financial resources on the basis of the budget approved by the PCB.

108. The programme director reports to the PCB, after consultation with the CCO on all major programme, budget and operational issues.

Economic and Social Council

109. The Economic and Social Council will review the annual report on the work of the joint programme, together with such comments as the PCB may wish to refer to the Economic and Social Council for its consideration.

Other agencies

110. The PCB will also transmit to the governing bodies of each of the co-sponsors such comments as it wishes to refer to the ECOSOC, on the annual report of the work of the joint programme.

VII. RESOURCE MOBILIZATION AND MANAGEMENT

A. Country level

111. At the country level, all HIV/AIDS-related activities of the United Nations system in support of national programmes will be coordinated and monitored through the country Theme Group established by the Resident Coordinator. There will be a variety of funding sources (including contributions in kind) for such activities: (i) resources of the co-sponsors, (ii) resources of other organizations of the United Nations system, (iii) resources made available from the joint programme's unified budget, and (iv) grants from Governments, multilateral institutions outside the United Nations system, foundations and the private sector.

112. Funding for country-level activities will be obtained and managed primarily through existing fund-raising and administrative mechanisms of the co-sponsors. In addition, the teams sent out to conduct country assessments (as described in annex I) will explore whether it would be useful and cost-effective for the Theme Group itself to receive and pool funds from a broad range of donors at the country level, through a trust fund arrangement of "country accounts". If the conclusion from these assessments is that such country accounts are needed, a management and accountability structure will be developed that best meets the joint programme's operational requirements at the country level.

B. Global level

113. The joint programme will have a unified budget which will include the resources to be used at global level as well as those to be transferred to intercountry or country activities. Its resources will consist of: (i) grants of funds from the co-sponsors; (ii) contributions in kind (staff time,

equipment, facilities or services) from the co-sponsors; (iii) grants of funds (and contributions in kind) or funds held in trust from Governments, other multilateral institutions, foundations or the private sector.

114. The joint programme's resources will be managed by WHO in trust, as fiduciary. The terms and conditions for the management and audit of this fiduciary trust will be included in the Memorandum of Understanding that will be drawn up between WHO and the joint programme concerning arrangements for the programme's administrative support.

115. Each of the co-sponsors will report on the activities and services carried out in their respective organizations in support of the joint programme's objectives, and on their financial value, to the extent possible. On the basis of each organization's separate report on this topic, the joint programme will prepare a consolidated report on these HIV/AIDS-related activities. The consolidated report will be available for review by the CCO and be submitted to the PCB every two years. In alternate years, a summary interim report will be provided. The value of the co-sponsors' HIV/AIDS-related activities will not form an integral part of the budget of the joint programme but will help provide an overview of the total value of services and activities that are being coordinated and implemented in concert with the joint programme's strategies and policies.

116. At the earliest possible time, the PCB shall consider and issue a report specifying the provisional amounts of funds which the joint programme will request to be contributed from Governments and other (non-co-sponsoring) sources. This report will form the provisional envelope for consideration by donors in meeting the first Global Appeal. In presenting the Global Appeal for financing of the joint programme, the director will consult closely with the co-sponsoring agencies, in order to present supplementary information about each co-sponsor's individual funding requirements for a "mainstreaming capacity". This will help the joint programme's resource mobilization in the form of the Global Appeal to be closely coordinated with the resource mobilization to be conducted by the co-sponsors on behalf of their own mainstreaming tasks.

C. Funding opportunities for potential donors

117. As described in section V, the joint programme operates in the context of a broader United Nations system "network". The financing of the joint programme therefore has to be seen against the backdrop of the network's financial requirements. This implies that there could be a choice of funding channels for donors who wish to support the co-sponsors' efforts in support of the global effort against HIV/AIDS. Possibilities might include:

(a) Undesignated contributions to the Joint Programme's budget;

(b) Designated contributions for specific global activities of the joint programme;

(c) Designated contributions for specific intercountry activities of the joint programme, possibly in partnership with the "network";

(d) Contributions to individual activities of each of the co-sponsors undertaken at country level under the auspices of the Theme Group;

(e) Contributions to the "country account" of the Theme Group;

(f) Parallel funding and programming of bilateral aid in support of "network" activities at the country level (under Theme Group auspices);

(g) Contributions of bilateral aid resources to multi-bilateral activities undertaken jointly with the "network" at the country level (under Theme Group auspices).

118. Funding for the joint programme would obviously have to be consistent with its overall goals and priorities, and a substantial proportion must be undesignated. This being said, a set of funding channels should offer donors flexibility, whether they want to give to AIDS activities in general, to specific countries only, to specific topics only, from multilateral resources or from bilateral resources, through their foreign affairs ministry or their ministry of health. At the same time, this wide range of funding channels requires a well-coordinated approach of the co-sponsors to their fund-raising efforts, at global, intercountry and country levels alike. The consultation and planning mechanisms created through the establishment of the joint programme and the country Theme Group should allow the co-sponsors to meet this requirement.

VIII. OUTLINE OF A PROPOSED PROGRAMME BUDGET FOR 1996-1997

A. Indicative budgetary figures for 1996-1997

119. An assessment at this point in time of the joint programme's financial requirements in 1996-1997 has led in the first instance to the proposal of a biennial budget of $180 million. This level is considered realistic in the light of the Programme's initial delivery capacity and is based on the assumption that already in 1995 there will be a number of start-up activities. As the joint programme will have considerable capacity for growth, and as innovative fund-raising mechanisms are introduced, progressively larger budgets are likely to be proposed for future years (i.e. 1998-1999, 2000-2001).

120. The indicative budget of US$ 180 million has to be seen in context of the preceding sections of this document, which describe the joint programme's operations at country, intercountry and global levels, and the mutually reinforcing relationships that will be forged between its activities and those of the co-sponsoring agencies. The proposed budget level does not, however, take into consideration the funds that will be provided directly by the co-sponsoring agencies to the Theme Groups on HIV/AIDS and to national AIDS programmes. Nor does it include any projection for designated funds to support HIV/AIDS activities at country and intercountry levels that may be forthcoming from the donor community through other channels (e.g. multi-bilateral funding in 1996-1997).

121. In addition to this initial budgetary proposal, each of the co-sponsoring agencies will maintain its own mainstreaming capacity and continue to support

activities at country and intercountry level. Information on these activities, quantified in financial terms to the extent possible, will be presented to the PCB; however, a methodology to capture this information still needs to be developed. Once the methodology has been defined, it will be possible to report systematically on such information, including on the country-level activities of each co-sponsor through the Theme Groups, and thus propose a budget for the joint programme in the context of the United Nations "network" resources more broadly available for HIV/AIDS activities (see paras. 96-98).

122. As the director of the joint programme develops the programme of work and proposed budget, the nature and level of the proposed budget will be further refined. More detailed indicative budgetary figures will be prepared for the first constitutive meeting of the PCB. Following their review, a programme of work and budget will be prepared for its endorsement in late 1995, in order for the joint programme to be fully operational as of 1 January 1996.

123. The text that follows should be read in conjunction with the table presenting the indicative budgetary figures, which has been structured in terms of two components, namely:

(a) The country and intercountry level;

(b) The global level.

B. Country and intercountry level

124. The indicative budgetary figures for the country and intercountry level amount of US$ 83.3 million, representing 52 per cent of the net budget. Moreover, a provision of US$ 21 million is also foreseen for technical cooperation support to NAPs from the global level. Thus 65 per cent of the net budget proposed will be used for supporting country and intercountry activities.

125. As part of the joint programme's support to NAPs through the Theme Groups on HIV/AIDS, it is envisaged to fund up to 60 posts for joint programme country staff. These posts may be filled by nationally or internationally recruited staff, based on needs assessments by the Theme Groups. Alternatively, some of these posts could be filled by secondments or through designated donor funding. Some funds are also foreseen to support the functioning of the Theme Groups. In addition to logistical support, activities envisaged could include advocacy-related action, information dissemination and workshops.

126. Technical cooperation in support of country operations will include funds for both staff and activities. Technical and substantive staff will be made available by the joint programme to NAPs, at their request, in order to share their experience and expertise. Requests for such staff will as a rule be channelled through the Theme Groups. This type of technical cooperation could take the form of either (a) the appointment of technical/substantive staff for a fixed term of one or more years (a provision of up to 40 such posts is indicated), or (b) short-term support, e.g. in the form of consultants (including nationals from Government and NGOs) for assignments of varying

duration. Under technical cooperation, provision is also made for activities such as the conduct of workshops, the preparation of guidelines, and the like.

127. In addition, there will be a group of mobile technical cooperation specialists, stationed at global level, who will, inter alia, assist national AIDS programmes in the planning, monitoring, review and evaluation of their programmes. They will also provide management training, technical guidance in a broad range of disciplines, and support to the Theme Groups on substantive issues. While this type of activity directly benefits individual countries, it has been included in the global component of the indicative budget, as these staff will be at the disposal of national AIDS programmes world wide.

128. An indicative budgetary figure for operational support of national AIDS programmes is provided. Since its inception in 1987, WHO/GPA has allocated substantial funds in support of country operations to build up and sustain national AIDS programmes. These funds have been used to help ensure NAP core management, support activities directed at preventing the sexual transmission of HIV, and provide essential support to surveillance and evaluation activities. This funding (US$ 26 million in 1994-1995) will end in 1995. However, suddenly ceasing to provide such funds to national AIDS programmes without an appropriate transition period will jeopardize the results of past investments in the programmes, and in some cases could paralyse national efforts to respond to HIV/AIDS. Consequently, at this stage funds are considered essential to continue support, the nature and level of which would be identified in future with the NAPs and Theme Groups concerned.

129. Provision is also made for a reserve fund to support national AIDS programmes in meeting emerging needs, e.g. where needs are great or unanticipated and donor support is insufficient.

130. In recent years, the number of intercountry activities for HIV/AIDS has expanded, which is a reflection of the fact that AIDS knows no boundaries and that cross-border issues are critical. Consequently, it is felt that the joint programme should have the capacity to stimulate and initiate intercountry activities, which could be co-funded from other sources. Some resources have, therefore, been included in the indicative budgetary tables.

131. Finally, a budgetary figure for human resources development and training is indicated. This will be essential in view of the required quality and number of joint programme staff to be appointed at country and intercountry level; the nature of the functions to be carried out (by both the technical and joint programme country staff) which will require team building; and the importance of ensuring that members of the Theme Groups, and staff of other concerned national and non-governmental agencies directly involved in national AIDS programmes, are regularly updated on all aspects of the coordination process and of the epidemic itself.

C. Global level

132. The indicative budgetary figures for this level amount to US$ 76 million, or 48 per cent of the net budget.

133. These functional or substantive areas of the joint programme at the global level have been set out in the indicative budgetary table, together with an estimate of budgetary requirements for human resources development and training activities at global level, for emerging needs (e.g. the Director's Initiative Fund) and for governing body meetings. A detailed rationale for each of these functions can be found in the preceding sections of this report. In addition, paragraph 61 above describes the framework for the joint programme's central technical cooperation capacity which, though structured at global level, will directly support country and intercountry activities.

134. The indicative budgetary figures that are shown for these functional areas may have to be refined as progress is made towards the development of a strategic plan and a related programme budget and as organizational structures for the joint programme are elaborated. For the purpose of quantifying staffing needs, a range of up to 70 Professional posts and a proportional number of support staff are foreseen.

D. Programme support costs

135. Finally, as mentioned in Economic and Social Council resolution 1994/24, WHO will be responsible for the administration in support of the joint programme, for which there will be an overhead levy (estimated for this budgetary exercise at 13 per cent) subject to an agreement between the joint programme and WHO.

Indicative budgetary figures for 1996-1997 for the joint and co-sponsored United Nations programme on HIV/AIDS 6/

		US$ millions	Percentage of net budget
I.	Country and intercountry level		
	- Support to national AIDS programmes through the Theme Groups (country staff, start-up costs and logistical support)	23.9	15
	- Technical cooperation activities to support national AIDS programmes (technical staff, consultants, activities)	20.4	13
	- Operational support for national AIDS programmes	21.0	13
	- Reserve fund to support national AIDS programmes for emerging needs	5.0	3

6/ The rationale for these indicative budgetary figures is set out in section VIII of this report.

	US$ millions	Percentage of net budget
- Support for intercountry activities	11.5	7
- Human resources development and training	1.5	1
Total country and intercountry-level support	83.3	52
II. Global level		
- Advocacy/public information	6.1	4
- Human rights issues/discrimination	4.0	3
- Policy, strategic and technical guidance	10.6	7
- Support for technical cooperation activities (other than under I)	21.0	13
- Monitoring the pandemic and the national and international responses	5.3	3
- Research promotion and support	22.0	14
- Provision for meetings of the governing bodies	1.5	1
- Human resources development and training	0.5	-
- Director's Initiative Fund	5.0	3
Total global-level support	76.0	48
Total net budget	159.3	100
III. Programme support costs (13 per cent overhead)	20.7	
Grand total	180.0	

Annex I

COUNTRY ASSESSMENT VISITS

Introduction

1. Assessment visits are planned in order to test current thinking about the Joint Programme's operations at country level against "field reality". The goal is to ensure that Joint Programme structures and operational procedures will meet the needs of the countries themselves.

2. These country visits will be carried out in collaboration with host and donor Governments during the second quarter of 1995. The teams designated by the director of the Joint Programme, in consultation with the co-sponsors, will include representatives of bilateral and non-governmental organizations. Assistance will be sought from the GPA Management Committee Task Force in contacting donors and non-governmental organizations regarding their participation in the country assessment teams. Visits will last at most five working days per country.

Objectives

3. The objectives of the assessment visits are as follows:

- To assess political and managerial commitment to the national AIDS programme and its multisectorality, and possible means of strengthening that commitment.

- To assess national requirements for external support.

- To assess the suitability of the structures and operational procedures currently proposed for country-level operations of the Joint Programme in the light of:

  - existing and potential national coordination mechanisms for the NAP, especially to promote effective multisectoral action

  - existing and potential organizational arrangements for coordinating external support to the NAP

  - technical and administrative support capabilities of the Resident Coordinator system (and Theme Groups, where they exist).

- To recommend coordinating mechanisms (including the Theme Group) and, if appropriate at this stage, to promote their establishment.

Expected outcomes

4. Both general and specific recommendations will be made on the basis of the country assessments:

- Recommendations concerning the organization and administration of coordinated United Nations support at country level, in a manner that allows for

  - flexibility of support

  - pluralism of approaches in different situations

  - a strong and direct link between the Joint Programme at global level and at country level

  - maximal support for national capacity-building with minimal investment in the coordinating structure.

- Recommendations for the establishment of coordinating mechanisms for each of the countries visited, and for countries with similar characteristics.

Selection of countries

5. The selection of countries to be visited will be guided by the need to assess countries that are diverse in respect of:

- their sociocultural circumstances

- their HIV/AIDS situation

- the degree of multisectoral implementation of their HIV/AIDS-related activities

- the number of United Nations agencies involved

- existing mechanisms for United Nations coordination

- the potential for, and interest in, establishing a Theme Group on HIV/AIDS.

Annex II

LEGAL INSTRUMENT FOR THE JOINT PROGRAMME

1. It is envisaged that, as soon as a decision has been taken in principle on the status of the Joint Programme, the legal counsels of the United Nations, WHO UNESCO and the World Bank would meet, in order to jointly draft the legal instrument and recommend an appropriate legislative path for its approval. The following is a provisional list of the points to be included in the document:

- a set of definitions of the Joint Programme, co-sponsoring organizations, collaborating parties, Joint Programme resources, etc.;

- the terms and conditions of co-ownership and co-sponsorship;

- the functions, composition and operation of the Programme Coordinating Board;

- the functions, composition and operation of the Committee of Co-sponsoring Organizations;

- successor arrangements for the WHO/UNDP Alliance to Combat AIDS;

- financial arrangements.

2. The legal instrument would mention that WHO is responsible for the administration in support of the Joint Programme. However, the detailed terms and conditions of this arrangement, reflecting the special needs and requirements of the Joint Programme, are to be set out in a separate Memorandum of Understanding between the Joint Programme and WHO.

Annex III

MANDATE AND ACTIVITIES OF THE CO-SPONSORING ORGANIZATIONS IN RELATION TO HIV/AIDS 7/

A. United Nations Development Programme (UNDP)

MANDATE

1. The mandate of UNDP is to promote human development by assisting developing countries to accelerate the process of capacity-building both within the Government and in the nation as a whole.

2. Within the United Nations system and under the WHO/UNDP Alliance to Combat HIV and AIDS, signed in 1988, and the 1992 Memorandum of Understanding for the Implementation of the Alliance, UNDP has a particular responsibility for the social and economic dimensions of the epidemic, for minimizing its impact on human development, and for ensuring that coordination occurs at country level. This responsibility can be exercised only through the collective response of the United Nations system.

3. The UNDP Governing Council has given it specific mandates, within the framework established by the Alliance, to:

- increase awareness of the development implications of the epidemic;
- strengthen and expand the capacity of communities to respond to the epidemic;
- promote and assist prevention, care and support programmes for women;
- assist Governments to develop effective multisectoral HIV strategies and to minimize the devastating consequences of widespread infection.

4. There is growing consensus about the need to better understand the personal, social, economic and strategic implications of the epidemic and to develop more effective and sustainable responses in the areas of behaviour change, community care and support initiatives, and maintenance of the basic economic and social infrastructure in the face of the high mortality and morbidity of a deepening epidemic.

5. By the end of the 1992-1996 programme cycle, UNDP expects it will have allocated some US$ 80 million to HIV/AIDS-related programme activities.

PRIORITIES

- Advocacy. UNDP actively seeks to increase awareness of the nature of the HIV/AIDS pandemic, of the complexity and seriousness of its impact

---

7/ This annex is based on texts provided by each of the co-sponsors.

on all aspects of economic and social development, and of the need for urgent, effective action.

- National policy development. UNDP assists Governments to develop HIV/AIDS-related policies in areas of UNDP expertise and responsibility, to achieve a broad-based consensus on the urgency of the problem and the need for such policies, and to implement them.

- Capacity-building. UNDP provides assistance to Governments, CBOs, NGOs, private sector organizations, regional institutions and other groups to strengthen their capacity to plan, implement, monitor and evaluate effective HIV/AIDS-related programmes. Local expertise and local institutions are developed, strengthened and extensively used in UNDP programme support.

- Women. Priority is given to measures to address women's needs for prevention, support and access to treatment, to reduce discrimination and trauma, to strengthen their ability to protect themselves from infection, and to assist affected women to meet their child-rearing, domestic and economic responsibilities.

- Personnel. UNDP has instituted a supportive and non-discriminatory HIV/AIDS personnel strategy with an associated extensive education and training programme.

- Strengthening UNDP capacities. UNDP will strengthen its capacity to increase understanding throughout the organization of the changes the pandemic will make in the nature of technical cooperation; to facilitate the introduction of such considerations into policy dialogues and policy development; to respond to requests for financial, technical and other forms of assistance; and to increase the capacity for the whole donor community to work effectively and collaboratively.

ACTIVITIES

6. The activities of UNDP's HIV and Development Programme, established in January 1992, include:

- multisectoral policy development and advocacy through intercountry consultations, colloquia, the establishment of regional networks (legal, economic, for example), publications and technical assistance;

- national capacity-building through field missions, consultations, and HIV and Development workshops on multisectoral programme development and coordination;

- incorporating HIV-related issues into key programming areas - for example, in village self-help schemes, food security systems and regional planning approaches - through studies, workshops, training and technical assistance;

- establishing priority needs through consultations with those directly affected by the epidemic;

- establishing operational research priorities relevant to effective and sustainable programme and policy development and evaluation through colloquia, commissioned reviews and consultations;

- programme development through workshops and study tours which will explore innovative ways of increasing and measuring programme effectiveness and sustainability;

- development of approaches to enhance national multisectoral strategic planning to minimize the impact of the HIV epidemic (e.g. on the labour market, economic productivity, transport sector, the tax base);

- development of gender-sensitive and community-based approaches through pilot programmes, consultations, workshops and publications;

- mobilizing and coordinating the response of the United Nations system and other players at the national level to maximize the effectiveness of their support for the national response to the epidemic.

DELIVERY MECHANISMS

- Global programming. The global programme aims at increasing the access of developing countries to HIV/AIDS-related scientific and social knowledge.

- Interregional programming. The interregional programme facilitates the development, application and utilization of new HIV/AIDS-related knowledge and technologies in the development world and the sharing between regions of effective strategies, interventions and policies.

- Regional programming. Regional HIV/AIDS programmes seek to increase awareness of the developmental issues; address regional issues; identify concerns and approaches of common relevance to countries in the region; develop, promote and exchange knowledge and experience, particularly through technical cooperation among developing countries (TCDC) modalities; provide technical advisory services; strengthen planning and monitoring capacities; and explore new interventions and techniques that may subsequently be developed within country programmes.

- Country programming. UNDP places a high priority on enhancing the abilities of countries to respond to the pandemic during the next decade and beyond. It assists Governments in clarifying the relative attention to be given to this pandemic in relation to other strategic priorities and in ensuring full integration of the national HIV/AIDS plans into their overall national development policies and priorities.

- Special Programme Resources (SPR). The uniqueness and recent origin of this pandemic has led to the use of SPR funds to develop new

programme approaches, to identify effective interventions, and to strengthen UNDP capacity to respond to requests for assistance.

- United Nations Volunteers (UNV). UNDP actively involves UNV specialists in the design and implementation of activities aiming to strengthen community-oriented and community-based initiatives. UNV specialists participate in and contribute to a wide spectrum of AIDS-related programmes in areas such as prevention, basic care, counselling, and support for affected individuals, families and communities.

B. United Nations Children's Fund (UNICEF)

OVERVIEW

7. UNICEF's action on HIV/AIDS is one element of an integrated programming approach, the overall focus of which is youth and child health, its impact on the UNICEF Year 2000 Goals, and the mobilization of young people for action in relation to all UNICEF health priorities. There are two major strands to UNICEF programming action on HIV/AIDS. In keeping with its lead role in relation to children, many UNICEF country offices are active in dealing with the impact of the rapid spread of the virus on children. In order to address youth health issues which have a significant impact on UNICEF's mandate, including HIV/AIDS, there is a primary focus on the overall health and development of young people.

8. The period of adolescence is one of rapid change for all young people. They are likely to establish patterns of behaviour, values and attitudes and an approach to their community which carry through to adult life and have an impact on a broad range of current and future health concerns. The youth health issues of concern in UNICEF programming include early and unwanted teenage pregnancies, tobacco use, violence, alcohol and illicit substance abuse, HIV/AIDS, other common STDs, nutrition, and traditional practices harmful to young women. This basket of issues for young people arises from the same patterns of risky behaviour and similar peer pressures and social expectations. The issues are clearly linked. Alcohol, for example, plays a clear role in transmission of STDs and unwanted pregnancies. Therefore, from a programming perspective, these issues are addressed in an integrated way.

9. Each of these problems has a significant impact on the ability of the world community, including UNICEF, to improve the health of children, as measured by the Year 2000 Child Health Goals. HIV/AIDS is having a serious impact on infant mortality rates and creating large numbers of orphans. Increasingly early pregnancies are resulting in higher child mortality and greater maternal death risk.

10. Young people do not just present a set of problems. They represent a skilled, committed and creative partnership resource for UNICEF programming on all aspects of health. Though their initial interest may be the set of health concerns that they and their peers face, there is also a genuine interest and concern to assist the overall development of their country and community.

UNICEF views addressing youth health issues as an effective contact point for youth action on broader health concerns.

MANDATE

11. In the area of HIV/AIDS programming, the initial focus of UNICEF was reducing the impact of the epidemic on women and children. Programming support was largely in the area of school-based education (in 1986, UNICEF implemented its first AIDS prevention education project in Uganda) and the identification and promotion of community-based approaches to providing social services and other support to families affected by HIV/AIDS, particularly families with young children and to children orphaned by AIDS. In 1988, a report to the Executive Board analysed the impact of HIV/AIDS on women and children and outlined an AIDS policy and programme approach for UNICEF.

12. The scope of activities has subsequently been further broadened as the epidemic has worsened and a fuller appreciation of its magnitude has been gained, including its impact on MCH. The global fund for HIV/AIDS was established as an interregional programme by the Executive Board at its 1990 session to facilitate the expansion of UNICEF AIDS-related activities by supporting programme planning and design, start-up activities in countries, monitoring and evaluation, technical support and global advocacy.

13. At its 1992 session, the Executive Board endorsed the recommendation of the Executive Director that UNICEF intensify and expand programme support activities in the primary prevention of HIV, working in close collaboration with Governments, WHO, NGOs, bilateral agencies and other partners. It was further recommended that UNICEF-supported programmes:

- focus on efforts that relate most directly to achieving measurable goals in the reduction of HIV transmission among young people;

- support information and communication efforts to reach young people through religious, community and youth organizations and through the mass media, to promote informed and responsible sexual behaviour as the primary approach to containing the pandemic;

- seek more vigorous promotion of the Convention on the Rights of the Child, particularly as it relates to the protection of children and youth from exploitation by prostitution;

- support efforts to promote the improved reproductive health of women and youth, and undertake further efforts to integrate HIV prevention and care interventions within existing youth and MCH programmes;

- support the accelerated strengthening of primary health care systems in AIDS-endemic areas, following the principles of the Bamako Initiative, in order to expand local capacity to increase AIDS prevention actions, prevent and treat STDs, particularly among women and youth, and treat the infections accompanying AIDS;

- work to expand the capabilities of NGOs and promote a more central role for them in AIDS-related activities;

- support the development and evaluation of community-based approaches to providing necessary support and social services to children orphaned by AIDS and families affected by HIV/AIDS;

- strengthen technical cooperation with WHO and other international, bilateral and national partners working to improve operations research, monitoring, evaluation, and information and experience exchange at country and intercountry levels.

14. The Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women provide powerful and compelling frameworks for the societal action required to alter the underlying conditions which foster the spread of HIV and to respond to those families and communities already affected by AIDS. The two Conventions constitute a platform for broader action by an expanded partnership of government, non-governmental, community and religious institutions on both the causes and the effects of the HIV/AIDS pandemic. The Conventions represent an embodiment of internationally held values, as well as an articulation of efforts required to promote those values in the health, education, legal, communications, economic and social sectors.

ACTIVITIES

15. UNICEF has recognized the broader societal determinants of the spread of HIV - particularly the status of women and youth - and has therefore sought to incorporate a multisectoral approach in programme planning. Principal emphasis has been on the development of sustainable partnerships in the areas of youth health and development promotion, with youth and community organizations; school-based interventions, with student, parent and teacher groups; sexual and reproductive health promotion, with the health and education systems and youth and women's organizations; mass communication and mobilization, with the commercial media and entertainment industry; and family and community care, with religious institutions and local organizations.

16. In an effort to develop and accelerate programming approaches in these areas which demonstrate "proof-of-principle" at scale, UNICEF has given major emphasis to approximately 30 Strategic Programming Countries identified from each of the geographic regions and distributed in each of the five programming areas described above. Support to the efforts of these lead programming countries is provided through the Technical Support Groups established in each of the five subject areas and comprised of UNICEF technical and programme officers from Headquarters, Regional Offices and Strategic Programming Country Offices, collaborating United Nations and bilateral agencies, and a group of technical resource institutions.

Youth health and development promotion

17. Sexual and reproductive health is an important part of the health and development of young people, simultaneously affecting both STD and HIV transmission, as well as pregnancies during adolescence. The healthy development of youth also entails strengthening their capacity to resist the use of alcohol, drugs and tobacco, and expanding their opportunities to identify and participate in constructive actions which are of benefit to them, their families and their communities.

18. UNICEF's major focus is on developing strategies among youth. This begins with supporting a broad-based situation analysis, to raise the questions and issues that need to be raised and to do it in a way that (a) involves youth people and (b) mobilizes partners and develops partnership.

19. In order to help shift policy from being obstructive to being supportive of young people's health and development, this work also includes policy/ legislation reviews and development.

20. Reaching young people out of school remains a challenge, and the details will differ from country to country. To improve young people's access to and utilization of quality services, particularly reproductive health services, health workers need to be trained and some basic counselling services need to be added to or linked with the curative services. The principal approach to this is through strengthening youth NGOs (and women's organizations) and helping them to improve the quality and accessibility of their programmes, extend their contacts with youth in especially difficult circumstances, and strengthen the linkages between youth organizations and the providers of health care.

School-based interventions

21. Sexual and reproductive health education in schools remains a sensitive issue in many countries, requiring that policies and legislation be regularly reviewed and developed.

22. A key area for development is providing young people in school with both basic information and the "life skills" that they need to make effective use of this information. The objective of these efforts is to support youth to take decisions, communicate these decisions to others, deal with the conflicts that may ensue, and stand by the decisions that they have taken.

23. In addition to curriculum development, there is a continuing need to review and develop school health services, school counselling services and school health clubs. This includes involving parents, teachers, religious organizations and others, so as to strengthen the linkages between what happens in school and what happens outside school in the community.

Sexual and reproductive health promotion

24. The objectives of UNICEF's programme support in the area of sexual and reproductive health are: (a) to demonstrate, in a limited number of Strategic Programming Countries, the operational feasibility of going to scale with

interventions that promote and sustain sexual and reproductive health; and (b) to develop sexual and reproductive health promotion programming guidelines for UNICEF country offices.

25. The following objectives are to be met by the end of 1995: (1) to create a supportive legal, policy and cultural environment for the promotion of sexual and reproductive health; (2) to develop approaches to mobilize women and young people at grass-roots level for sexual and reproductive health promotion and increase their involvement in the management of reproductive health services; (3) to increase utilization of family planning and STD services by women and young people, through the provision of quality and friendly services.

26. Proposals so far developed in Strategic Programming Countries aim at reduction of STDs and HIV transmission through provision of integrated sexual and reproductive health services that are cost-effective, reduction of maternal mortality rates through family planning, and increased access to quality and friendly antenatal and obstetrical information and services.

27. Activities are integrated into existing programmes (following the Bamako Initiative strategy) and new channels are developed with media, youth and women's organizations at central level, and the educational system.

Mass communication and mobilization

28. UNICEF-supported mass communication and mobilization programming emphasizes mobilizing the expanding network of mass communication processes to focus on youth health issues. This includes encouraging entertainers and entertainment programmes and activities that are popular with young people to provide prevention information and to stimulate broader public debate on the key actions needed for effective health promotion.

29. Young people are encouraged to make an input into mass communication programming so that their perspectives on the nature of youth health problems, and their ideas for tackling those issues, are reflected in the resulting communication. In this way, mass communication may be more effective in addressing the social norms that influence individual choices, as well as in specifically encouraging safer individual behaviour.

Family and community care

30. UNICEF's programme assistance in the area of family and community care focuses on the development of innovative approaches to strengthen the capacities of families and communities to cope with emerging problems including HIV/AIDS. Specifically, emphasis is on improving situation analysis methodologies, documenting the coping mechanisms being used by families and communities affected by AIDS, and facilitating cross-fertilization of ideas and experiences between country programmes.

31. Particular emphasis is placed on support to children whose families have been severely affected by the epidemic, including support for their continuing education and/or vocational training.

32. All the above-described programme activities are placed in the context of the country programme, usually prepared for a five-year period, which constitutes the basis for providing overall UNICEF assistance to countries, including activities on HIV/AIDS. This collaborative process involving national authorities, UNICEF and to varying degrees other partners, provides the opportunity to advocate policy and to develop services benefiting children and women, and to adapt globally developed goals and priorities to the country's situation and needs. The country programme development process includes an evaluation of ongoing programme activities and an analysis of the situation of children and women, and it leads to the determination of strategies and priorities and the development of project and activity plans.

C. United Nations Population Fund (UNFPA)

MANDATE

33. Since the late 1980s UNFPA has provided support for HIV/AIDS prevention and control activities in line with national AIDS policies and programmes, and within the scope of the WHO/GPA global AIDS strategy.

34. The main focus of UNFPA's activities is at the country level. The Fund's prevention activities do not take place in isolation but are integrated into ongoing programmes and projects in the population sector, particularly maternal and child health/family planning (MCH/FP) service delivery and information, education and communication (IEC) programmes and projects. They are carried out in close collaboration and coordination with other agencies and organizations.

35. Recognizing that it had an important role to play in supporting HIV/AIDS prevention within the framework of family planning information, education and services, UNFPA in 1987 formulated "Guidelines for UNFPA Support for Acquired Immunodeficiency Syndrome (AIDS) Prevention Activities". In formulating the guidelines UNFPA also recognized the need for a flexible approach that could accommodate periodic policy and programme adjustments, given the dynamic nature of the pandemic, the large areas of uncertainty in this field, as well as new and emerging issues.

36. The International Conference on Population and Development (ICPD) held in Cairo, Egypt, on 5-13 September 1994 clearly identified HIV/AIDS prevention as an important component of reproductive health, and thus reaffirmed the approach already begun by UNFPA in this area. UNFPA supports the concept of reproductive health as a human right. Family planning continues to be a central component of reproductive health, both in its own right and also because, inter alia, it (a) facilitates access to condoms, and (b) contributes to the empowerment of women, thus giving them more control in their efforts to avoid reproductive tract infections, including the conventional STDs and HIV infection.

37. The empowerment of women and the improvement of their status have always been both a driving force and a key component of the work of UNFPA. Recognizing that the number of women becoming infected with HIV is rising in absolute terms as well as in relation to men, and that the generally subordinate role of women in the family and society puts them at special risk of HIV infection, UNFPA will

continue to expand and strengthen its support for HIV/AIDS prevention and control in developing countries around the world, with a particular emphasis on addressing the reproductive health care needs of women and adolescents.

ACTIVITIES

38. In keeping with the guidelines mentioned above, UNFPA support for HIV/AIDS prevention activities focuses on the following areas: (1) Education and communication - including in-school and out-of-school and family-life education, and public information and education activities on HIV/AIDS; (2) MCH/FP services - including support for preventive counselling on HIV/AIDS and the widespread distribution of condoms and spermicides as part of MCH/FP service programmes, and equipment and supplies for the protection of MCH/FP personnel, including traditional birth attendants; (3) Training - including the incorporation of HIV/AIDS education and information components into all pertinent training programmes, particularly those for service providers and counsellors; and (4) Research - including sociodemographic, operational and biomedical research.

39. Specific UNFPA-funded activities now being undertaken may be briefly summarized as follows:

- UNFPA supports a wide range of information, education and communication activities in 70 countries. IEC activities are critical components of HIV/AIDS prevention and control strategies. UNFPA supports IEC programmes that incorporate AIDS prevention messages in the form of awareness campaigns; art exhibitions; national essay and painting competitions; the design, development and distribution of IEC and training materials; the provision of audiovisual equipment; the printing and distribution of brochures and comic books with AIDS prevention messages; dissemination of health messages via newspapers, television, radio and folk media; seminars and workshops; preventive counselling; and the distribution of condoms. Special attention is given to targeting those at high risk of acquiring HIV infection, including adolescents and women.

- UNFPA supports the integration of HIV/AIDS prevention modules into in-school and out-of-school education programmes in 62 countries, given the importance of AIDS education programmes, particularly for youth and adolescents before and as they become sexually active. UNFPA has supported the incorporation of AIDS prevention modules in family life education and population education programmes. In addition to providing information on the modes of HIV transmission and how to eliminate or reduce the risk of exposure, these programmes offer young people opportunities to discuss their fears and concerns about HIV/AIDS in a reassuring and non-judgemental environment.

- Condoms for the prevention of disease, including HIV/AIDS, are distributed through ongoing MCH/FP projects in 54 countries, in 36 of which UNFPA actually provided the condoms.

40. Under the UNFPA Global Initiative on Contraceptive Requirements and Logistics Management Needs in Developing Countries in the 1990s, undertaken in close collaboration with a number of partners, in-depth studies are being conducted in 12 developing countries. With the collaboration of WHO/GPA, the in-depth studies include estimates of condom requirements for HIV prevention.

41. In addition, UNFPA procures condoms for a number of Governments, and supports training in management and logistics. It also provides support for quality improvement and assurance of condoms.

- UNFPA supports HIV/AIDS prevention training in 59 countries. In addition to training for health workers, UNFPA has supported the training of teachers, students, women leaders, community leaders and others who can serve as multiplier agents for the dissemination of information regarding AIDS prevention.

42. Recognizing that MCH/FP programmes are uniquely positioned to assist in AIDS prevention and control, UNFPA has provided support for the inclusion of prevention modules in the pre-service and in-servicing training for MCH/FP workers, health care providers, counsellors and IEC personnel, including doctors, nurses, midwives and traditional birth attendants. UNFPA support has been provided for development and dissemination of manuals and other training materials and for curricula revision in medical and nursing schools, as well as in schools of public health. In addition, fellowships have been provided for health personnel to attend training courses on STDs/AIDS such as the one organized at the Margaret Sanger Center in New York. These individuals have then gone on to train additional health workers in their respective countries.

43. Many of these activities are being implemented in close collaboration with various United Nations agencies and organizations and NGOs. Increasing attention is being given to activities addressing the reproductive health needs of women, youth and adolescents.

D. World Health Organization (WHO)

MANDATE

44. In keeping with the mandate entrusted to it by the United Nations General Assembly, WHO's Global Programme on AIDS (GPA) directs and coordinates the global response to AIDS. GPA provides global leadership, delivers technical and financial support for national AIDS programmes around the world, strengthens international AIDS research, and helps ensure a coordinated global response to the epidemic.

45. Drawing on the experience and expertise available in WHO, and working closely with many other United Nations and bilateral agencies, GPA has helped 162 countries mount the complex multisectoral effort needed to combat AIDS.

ACTIVITIES: 1994

Technical cooperation

46. The Division of Technical Cooperation is concerned with planning, coordinating and implementing GPA's technical and operational support to national AIDS programmes and with supporting operational research in selected areas to ensure the practical application of findings in the field.

Coordination and monitoring of national programme support

47. During 1994 technical cooperation provided to national AIDS programmes was closely monitored to ensure that it responded to priority needs identified by countries, whose activities continued to involve an increasing number of participating sectors, funders, and implementers. The Programme's computerized database containing "country profiles" initiated in 1993 was further developed to better meet the needs of users - national programmes, donors and staff at headquarters and in regional offices - and now includes information from WHO and other sources on demographic, socio-economic and epidemiological trends, STDs, condom programming, and blood transfusion services, among others.

Planning, management and training

48. During 1994, 30 facilitators for the GPA programme management course were trained in four courses; they in turn helped train participants from 80 countries in seven intercountry courses and two national courses. Translations of the 12-module course were completed in Chinese, French, Russian and Spanish. The first course for training trainers on safe blood and blood products, using GPA's distance learning materials, was held in Zimbabwe in October.

49. The procedures for NAP reviews and medium-term planning were updated to reflect the changed environment facing national programmes. Reviews were carried out in 26 countries during 1994. Of the 129 countries and territories that had prepared an initial medium-term plan, 70 have now used a consensus-building approach to formulate a second-generation, more multisectoral plan.

50. Support was provided to strengthen national networks of non-governmental organizations in India, Kenya, Malaysia, Philippines and Zimbabwe. A list of essential AIDS information resources was prepared and distributed in English, French and Spanish in collaboration with the Appropriate Health Resources and Technologies Action Group (AHRTAG), United Kingdom.

Prevention

51. A guide on designing and conducting interventions for young people not attending school was initiated and will be completed by mid-1995. Pilot youth peer education interventions are taking place in Ghana and Jamaica. In collaboration with an international insurance company, a series of national workshops were organized in Hong Kong, Indonesia and Malaysia to encourage the private sector to play a more active role in AIDS prevention and care. A set of condom programming materials for national managers, including manuals on rapid assessment, promotion and logistics, was finalized. A study to project future

condom needs showed that global requirements for STD and HIV/AIDS prevention through 2005 may be as high as 20 billion condoms, costing some US$ 1.2 billion.

Health care and support

52. An expert consultation on care held in September 1994 re-emphasized the rationale for giving access to comprehensive care, including clinical, nursing, counselling and social support in a continuum from home to hospital, and stressed the close link between such care and prevention. The report of an evaluation of medical counselling and social services rendered by The AIDS Support Organisation (TASO), Uganda, will help non-governmental organizations and Governments to learn from a success story - and a participatory approach to evaluation.

53. A handbook on integrating comprehensive AIDS care into district health services was prepared for Ghana, and district planning of care is under way in Thailand and Uganda. The development of clinical guidelines for adults and children was completed. Additional material to facilitate adaptation of the clinical guidelines to country needs was produced including a short guide on adapting flow-charts; a clinical slide set for teaching purposes; and a paper on selecting commonly used drugs in HIV/AIDS care. Guidelines for policy makers, programme managers and service providers on appropriate infant feeding modes in the light of the HIV epidemic were finalized.

54. Operational studies are under way in Kenya on the feasibility of integrating HIV/AIDS care into existing urban health systems, and on the training of hospital personnel and community volunteers to provide care at the appropriate level and refer patients when necessary.

Surveillance, evaluation and forecasting

55. As of mid-1994, sentinel HIV surveillance has been implemented in 80 developing countries, 17 of which now have extensive surveillance systems in place. Trainers from all WHO regions attended a course on surveillance data management. To assist national AIDS programmes, a methods package for the evaluation of preventive activities was finalized, training workshops in its use will be conducted in all regions. In addition, protocols were developed for measuring indicators related to discriminatory practices and care for HIV/AIDS patients in health facilities.

56. In collaboration with the London School of Hygiene and Tropical Medicine, techniques for estimating the cost-effectiveness of six HIV prevention strategies relating to mass media communication, social marketing of condoms, blood safety, school health education, STD services, and sex worker projects were developed and will be field-tested next year. Costing guidelines for each strategy have been prepared.

57. HIV/AIDS forecasting research showed a dramatic shift of new infections to younger populations in countries with mature epidemics and provides insight into the dynamics of endemicity.

Research and intervention development

58. The Programme's Division of Research is responsible for coordinating and supporting its biomedical and behavioural research activities, which are described below.

Clinical research and product development

59. An inter-agency working group on the development of vaginal microbicides, established in collaboration with the Special Programme of Research, Development and Research Training in Human Reproduction, established prototype protocols for safety and efficacy testing of such products. A safety study of a vaginal microbicide containing a low dose of nonoxynol-9 was successfully completed in several European countries and Thailand, paving the way for a study in Asia and Africa on its efficacy in preventing sexual transmission of HIV and other STDs. A comparative trial of the user-effectiveness of two strategies using male and female condoms to prevent gonorrhoea, chlamydial infection, vaginal trichomoniasis and genital ulcer diseases among sex workers began in Thailand.

60. A meeting to discuss prevention of mother-to-infant transmission of HIV by use of antiretrovirals was convened in June; protocols for short-term peripartum antiretroviral interventions that are feasible, affordable and sustainable in developing countries were developed, and the studies will be initiated shortly.

61. Research on the prevention of tuberculosis has been undertaken in Thailand, Zambia, and in Uganda. Protocols on cost-effective prophylaxis of multiple opportunistic infections were developed.

62. A meeting on implications of the newly identified HIV-1 subtype O viruses for HIV diagnosis was convened in June. An inter-agency working group has been established to expedite and coordinate global surveillance and characterization of newly recognized HIV subtypes and to facilitate timely adaptation of HIV antibody tests. HIV tests in oral fluid (saliva), field use of WHO testing strategies and alternative simple methodologies for CD4+ lymphocyte determinations are being assessed.

Vaccine development

63. Field sites for future HIV vaccine efficacy trials are being strengthened in Brazil, Thailand and Uganda. For the purpose of the trials, studies on eight cohorts of HIV-negative volunteers are being supported. Protocols were prepared for repeat Phase II trials of two HIV candidate vaccines which have already been tested in their country of origin. A meeting in October examined the scientific and public health rationales for the conduct of efficacy trials of HIV vaccines, especially in developing countries, and concluded that they could be undertaken with the presently available envelope-based candidate vaccines, provided strict scientific and ethical standards are respected.

64. The WHO network for HIV isolation and characterization completed a pilot study to characterize HIV-1 isolates from the WHO-sponsored vaccine evaluation sites. A rapid and reliable method for virus genotyping was validated. HIV-1 subtypes have different geographical distributions, and subtype C strains were

identified for the first time in South America. Complete and functional molecular clones from different HIV-1 genotic subtypes were obtained and are being made available to researchers and the pharmaceutical industry, to stimulate the development of candidate HIV-1 vaccines.

Social and behavioural studies and support

65. On the advice of the GPA Steering Committee on Social and Behavioural Research, research proposals were supported in the following areas: contextual factors affecting risk-related sexual behaviour among young people; household and community responses to HIV and AIDS; and gender relations in the area of sexual negotiation. Studies were funded in 13 developing countries.

66. A report on sexual behaviour and knowledge about AIDS in the developing world, detailing findings from studies supported by WHO in 15 countries, was completed and will shortly be published.

67. A generic research protocol for studies of the determinants of HIV/AIDS-related discrimination, stigmatization and denial is being finalized, and assessment visits to identify institutions to carry out the study have so far been conducted in nine countries.

Prevention research

68. Research continued to focus on assessing the effectiveness of various HIV prevention approaches for populations most vulnerable to HIV infection, in particular, socially marginalized populations.

69. Intervention-linked prevention research was undertaken to determine the effectiveness of condom promotion in migrant sex worker and client populations; to assess the feasibility and effectiveness of outreach measures among injecting drug users; and, to compare the additional benefit of STD treatment with the effect of educational approaches alone. Preparations are being made for a collaborative multicentre study on the effectiveness of voluntary counselling and testing as a prevention strategy.

Programme direction

Women and AIDS

70. UNDP and WHO, in consultation with the Division for the Advancement of Women, prepared a position paper on women and AIDS reflecting concerns throughout the United Nations system; and it was used at regional conferences organized during 1994 by the five regional commissions in preparation for the 1995 fourth world conference on women in Beijing. A paper was written on the epidemiology of biological, behavioural, sociodemographic and sociocultural gender-related risk factors for HIV/AIDS.

Sexually transmitted diseases

71. In January 1994 WHO assumed the Secretariat of the Sexually Transmitted Diseases Diagnostic Initiative (SDI) - a group of agencies, laboratory and public health experts and participating centres which, through a directed programme of research, seeks to design and make available rapid diagnostic tests that can be used at first-line health facilities in developing countries.

72. A database for estimating the global annual incidence of STDs was assembled for use by national AIDS programmes, donors, academic institutes, foundations and others. In addition, guidelines were developed on assessing the extent of STDs and the delivery of prevention and control services, and on establishing a surveillance system to monitor future trends and anticipated need for services. Information on policies, features of STD services and existing laws related to STD control programmes in individual countries was analysed.

73. A training module on syndromic case management was developed and field-tested. Operational research studies were initiated in Thailand and Viet Nam on the feasibility of integrating HIV/STD services into maternal and child health/family planning programmes.

Avoidance of discrimination and promotion of human rights

74. During 1994 the Programme continued to assess national AIDS programmes on the basis of medium-term plans and reports of external reviews, to ensure their adherence to human rights principles, and to provide technical advice where necessary. At the request of three Governments, comments were provided on draft HIV/AIDS legislation. During the year the GPA country-specific human rights database was strengthened to improve the Programme's follow-up capacity. A meeting of experts working in the fields of HIV/AIDS, human rights, public health and the movement of populations was held in October 1994 as part of the development of a WHO policy on long-term travel restrictions imposed on people living with HIV/AIDS.

Collaboration with non-governmental organizations

75. During 1994 the Programme continued to consult with a variety of non-governmental organizations, community-based organizations and groups representing people living with HIV/AIDS in order to determine ways of working with them more effectively, and also to produce guidelines on how to improve their collaboration with national AIDS programmes. Activities to support community responses focused on collaboration and partnership-building between Governments and non-governmental organizations and also amongst such organizations, as well as capacity-building within the non-governmental sector.

Advocacy

76. During 1994 the Programme continued activities to focus the world's attention on HIV and AIDS in order to combat complacency and denial of the problem. Further to the Dakar declaration on the AIDS epidemic in Africa adopted by the Heads of State and Government of the Organization of African Unity (OAU) in 1992, the thirtieth assembly of OAU Heads of State and Government

(Tunisia, June 1994) adopted a declaration on AIDS and the African child based on a background document prepared by WHO and reviewed by the OAU ministers of health. Other international and regional meetings where WHO took the opportunity to advocate a stronger response to the pandemic included the Kuwait fourth international conference on AIDS (March); a meeting on the role of women in AIDS prevention and control in the Eastern Mediterranean (Egypt, May); the Economic Commission for Africa Panel on HIV/AIDS in Africa (Ethiopia, June); and the tenth international AIDS conference (Japan, August). In addition several missions were fielded at a high level in order to promote greater political commitment by individual Governments to national AIDS control efforts.

77. A summit of heads of Government or their representatives was convened jointly by the Government of France and WHO in Paris on 1 December 1994. GPA helped prepare the declaration that was submitted to the meeting and adopted. The declaration endorses basic principles with regard to AIDS prevention, care and human rights, commits the participants to national action along the same lines, and launches international initiatives to accelerate the world-wide response to AIDS. GPA also organized five preparatory meetings on the subjects of blood safety; research into prevention technologies; care and support; prevention; and vulnerability to HIV infection and its consequences.

78. Public information continued to play a significant role in advocacy. Emphasis was placed on stimulating media coverage of key messages about HIV/AIDS and providing information to policy-makers and the general public. During 1994, 15 press releases were distributed, video news footage was prepared for the Tenth International Conference on AIDS and, in cooperation with UNDP, two short video features were distributed to more than 180 countries and broadcast world wide by satellite. Media strategies were developed for several major events including the international AIDS Conference and the Paris AIDS Summit. By the end of 1994 the Programme's quarterly newsletter, Global AIDSnews, was being distributed in 36,000 copies per issue - 28,500 in English, 5,750 in French and 2,000 in Arabic. In addition, the People's Medical Publishing House of Beijing translated and distributed 2,000 copies to addresses in China.

79. Reflecting the fact that 1994 was the International Year of the Family, the theme chosen for the seventh World AIDS Day on 1 December was "AIDS and the Family". After consultation with non-governmental and United Nations system organizations, and incorporating contributions from these sources, three World AIDS Day newsletters were published focusing on the effect of AIDS on families and the role families can play in AIDS prevention and care, together with a small colour poster bearing the slogan "Families take care". Comprehensive resource packs of relevant documents were dispatched to all national AIDS programmes.

E. United Nations Educational, Scientific and Cultural Organization (UNESCO)

MANDATE

80. Given the inability of medical science today to control the spread of the human immunodeficiency virus, there is general agreement that prevention is the

fundamental principle on which efforts to respond to the AIDS epidemic must be based. It is unanimously recognized that education has a key role to play in prevention, not only as a means of transmitting information, but above all as a means of changing behaviour and modifying attitudes towards AIDS. For this reason, and in response to the urgent appeal of the International Conference on Education at its 40th session held in Geneva in December 1986, UNESCO set up its Programme of Education for the Prevention of AIDS in 1987, with the support of WHO/GPA, to provide assistance in areas specific to its mandate and fields of competence.

81. UNESCO's activities in the global fight against AIDS have focused on preventive education. However, UNESCO has also undertaken AIDS-related activities within its other fields of competence, mainly social, human and basic sciences.

ACTIVITIES: 1987-1993

82. In preventive education, the aim of UNESCO is to foster, internationally and regionally, the development of efficient educational strategies, adapted to different socio-cultural contexts, in order to help young people to adopt responsible attitudes and behaviour that will enable them to avoid HIV infection. On the basis of pilot projects in schools, undertaken jointly with WHO/GPA, and experience acquired through the activities of AIDS education resource centres, educational strategies for the prevention of AIDS have been elaborated. These strategies, as outlined in the joint WHO/UNESCO guide entitled School Health Education to Prevent AIDS and Sexually Transmitted Diseases, are provided to decision-makers and educational planners as a source of assistance in policy planning for the development, implementation and evaluation of prevention programmes. They are also promoted in advocacy materials for school-based AIDS education, such as the film "AIDS, it's time for schools to act!", and through the provision of information on the current and potential impact of HIV/AIDS on education as a system and as a sector of development.

83. Through the UNESCO-supported scientific network "Man against Virus", the Science Sector is contributing to the advancement of research on HIV. Within this framework, various activities are being undertaken with the objectives of strengthening research and national capacities to screen for HIV.

84. On 8 June 1991, "The Venice Appeal" was launched by the Director-General, calling on the generosity of men and women in the fight against AIDS. This appeal was followed by the establishment in 1993, by Mr. Federico Mayor, Director-General of UNESCO, and Professor Luc Montagnier (France), of the "World Foundation for AIDS Research and Prevention", which was accepted by the 141st session of the Executive Board of UNESCO as a foundation with special links with UNESCO. This foundation appeals to private sources to step up the struggle against AIDS and to reinforce the cooperation between developed and developing countries.

ACTIVITIES: 1994-1995

85. UNESCO's current activities in the field of AIDS are governed by a holistic and comprehensive approach. Within this new framework, three main fields of activity have been identified and are outlined as follows in the Approved Programme and Budget for 1994-1995:

(i) "To refine the knowledge-base and develop action frameworks to strengthen education, training and information activities ...". A variety of information materials, based on scientifically sound knowledge in the social and natural sciences, will be developed and widely disseminated through both governmental and non-governmental delivery systems. Existing UNESCO networks, such as those mentioned before, university chairs, and the international network of the AIDS School Education Resource Centre (ASERC), will be used to enhance information exchange. Articles, periodicals, audiovisual materials and exhibits will lend further support to information activities for the general public.

(ii) "To foster the development of new or re-oriented education, training and information programmes and material, with a view to strengthening Member States' capacities and encouraging changes in behaviour among selected target groups." UNESCO will follow the methodological approach employed in this field, and continue formulating educational strategies and guidelines, as well as resource documents and prototypes for curriculum planners with a view to defining or refining school-based AIDS education programmes.

(iii) "To mobilize the support of decision-makers and opinion leaders at international, regional and national levels in favour of programmes and activities ...". This upstream approach aims primarily at promoting school-based AIDS education among decision-makers, in a complementary and holistic manner. The activities will include the sensitization of ministry of education officials to the need for preventive education on HIV/AIDS and their training in this field.

F. World Bank

86. The social economic impact of HIV/AIDS on all sectors of developing economies has become clear. The cost-effectiveness of selective programmes of HIV prevention clearly mark such activities as priorities for developing countries. The World Bank's role to assist developing countries clearly mandates World Bank Group funding to assist countries with investments and programmes for prevention and reduction of the burden posed by HIV/AIDS.

87. The World Bank is the largest single source of external funding for health, as well as for HIV/AIDS prevention and control in developing countries. Working in partnership with other United Nations agencies, bilateral donors and non-governmental organizations, the Bank makes credits and loans available to developing country Governments for a diverse range of health projects. Providing support for health projects is a central element of the Bank's efforts

to reduce poverty and to alleviate its consequences, and complements Bank lending for other areas of human resources development, including education, nutrition and population.

88. In its policy dialogue with borrowing countries, the Bank emphasizes that AIDS is a top developmental priority, not simply a health problem. Correspondingly, the Bank's strategy on HIV/AIDS stresses that the task of prevention and care cannot be accomplished by health projects alone. The Bank highlights the need for top-level political commitment, systemic reforms in the health sector, protection of human rights, and for a range of multisectoral reforms that will reduce the societal risks of sexual transmission.

89. The activities of the World Bank Group are performed primarily through its project lending. To date World Bank Loans and IDA Credits have included HIV/AIDS-related activities valued at over US$ 500 million and projects programmed for lending within the near future total an excess of US$ 150 million. Topics of project focus include nine priority areas: promoting safer sexual behaviour, preventing unsafe drug use behaviours, promoting safe blood supplies, providing condoms, providing care and support, providing voluntary counselling and testing, providing STD care, programme management improvements, and social and economic impact studies and reforms.

90. World Bank Loans provide the vehicle for resource transfer to most countries, at near-market rates of interest, which implies a modest grant element, and usually for a period of 15 to 20 years in term. IDA Credits provide highly subsidized resource transfers to the poorest countries with approximately 85 per cent grant content and repaying provisions over 30-35 years. The World Bank Group mobilizes its resources for HIV/AIDS activities on the world's capital markets through the issuance of bonds, and for the IDA, through the triennial IDA Replenishment negotiations. The World Bank's own operational cost, including for the staff time invested in project preparation and supervision, derives from investment income. The World Bank does not finance any of its HIV/AIDS activities or related staff costs through extrabudgetary contributions or regular annual budget assessments from member States, as do most of the other United Nations agencies. HIV/AIDS components of projects, special studies, economic and sector work studies and reports and a limited amount of direct funding through the World Bank Special Grants Programme can be expected to continue under the Bank's normal business planning processes. The management of the Bank places a premium on collaboration by its staff with other agencies, bilateral and multilateral co-financiers, and coordination with borrowers, so that utilization of their own resources are made more cost-effective when combined with activities supported or financed by the World Bank Group.